SUBSTANCE OF

Clinical Remarks

ON A RECENT

CASE OF LITHOTOMY

At University College Hospital,

IN WHICH THE OPERATION WAS PERFORMED FOR THE PURPOSE OF REMOVING A PIECE OF BONE FROM THE BLADDER.

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THE case before us is so unusual that I shall briefly recapitulate the history, and illustrate it by referring to one other very similar case on which I operated in this ward some years since.

You will remember that I performed the lateral operation on this lad three or four weeks ago, and you see that he is now making a good but rather slow recovery. He was sent to me by Mr. H. Evans, of Hampstead, and was admitted here on the 14th of February last.

W. D——, aged fifteen, a weak-looking lad, much reduced by long and severe sufferings, from symptoms of vesical calculus of at least three years' standing. I sounded him on the 23rd, having been prevented from making my usual visit sooner; and, at once striking a large stone, observed that I would next introduce a lithotrite to measure it, and ascertain whether it might possibly be within the compass of lithotrity, as he had a good urethra for his age. I did so, and, grasping it, remarked to the students around that it was unlike "in feel" to stone, that in turning it over I felt a portion projecting, and would remove a little bit in the blades of the lithotrite to see what it was composed of. I did so, and withdrew the instrument with a small piece of bone between the blades. It was handed round, and we all saw that there was no question as to its being bone. I then learned the following history, with which I had previously been unacquainted. It was carefully taken by Mr. Lang, the ward clerk, whose words I now quote:—

"Four years ago the lad was run over by a cart, a wheel of which passed over his pelvis on a level with the superior spine of the ilium. Considerable bleeding from the urethra followed, and for more than a month after the injury he was unable to pass water by his own efforts, and a catheter was used to draw it off. Soon afterwards he felt pain during and after voiding urine, which was occasionally mixed with blood. During three years past he has also occasionally passed 'grit.' Once, about three years ago, he says he passed a piece of bone."

The usual symptoms of stone were present, but not in a very marked degree. I then determined, on account of the size of the foreign body, the irregularity of its form, and the certainty that it was at all events in part composed of bone, to perform lithotomy, and eventually decided on the lateral operation, after considering the claims of the high operation, which could not be overlooked in a case of this kind.

On the 6th of March I performed the operation in the usual manner, making the incisions rather free, and removed several loose phosphatic masses, and then a larger one, measuring about an inch and a half in length, which proved to be bone highly encrusted with phosphatic deposit. (See Fig. 1.)

I need make no detailed remarks on his progress, which has been an uninterrupted convalescence, except on one occasion by a large deposit of phosphates on the surface of the wound, which was removed and has not reappeared. He now passes water mainly by the urethra, and a small quantity only continues to flow through the wound, which has not at present entirely healed.

Now it must appear to you, as it really is, a very remarkable circumstance that a portion of bone detached by fracture from the pelvis should find its way into the bladder, become the nucleus of a stone, and four years after be removed by lithotomy. But, as I said before, the process which Nature instituted here may be illustrated by another case, equally remarkable, which I will briefly relate.

During June, 1865, I found, at one of my hospital visits in this very ward, a man aged forty, sent to me by the late

FIG. 1.

a, The piece of bone withdrawn by the lithotrite at the examination. *b*, The bone surrounded by phosphatic matter removed by lithotomy. A number of large fragments of phosphatic calculus were also removed, but are not represented. The above are shown of the actual size.

Dr. R. Uvedale West, of Alford, Lincolnshire. I sounded him, and then, as usual, introduced the lithotrite to ascertain the precise size of the calculus; and, having done so, remarked to the bystanders, as in this case, that the mass did not feel like stone, and that I would withdraw a small portion as a specimen. I did so, and at once produced a small piece of bone for their examination. But in this case the mass was comparatively small, and I resolved to perform lithotrity. I did so on June 27th and 30th, crushing bony matter and phosphatic matter together; and on July 3rd I removed a portion of bone with the forceps which had become impacted in the urethra. On the 15th of July he was discharged perfectly cured. The bony portions removed are shown in Fig. 2, and are drawn from the original now in my possession. One of the smaller pieces was removed by the lithotrite; the largest is that which became impacted as described. As before, the loose phosphatic matter is not represented.

FIG. 2.

Now what was the history in this case? Of course, as soon as I had withdrawn the bit of bone at the first examination I cross-examined him as to his history, and learned that during seventeen years he had had several attacks of pain in the right hip-joint, followed by abscess on three occasions. The last occurred two years before, soon after which he had symptoms of stone in the bladder. On stripping him, there were the cicatrices, and there also was the resulting deformity on the right side. At that time I presented this case, believing it to be unique, to the Medico-Chirurgical Society, with the bone and phosphatic fragments removed.* I stated that the origin of the stone had, without doubt, been a portion of necrosed bone from the os innominatum, which, instead of being extruded externally, in the usual manner, had found its way, by slow ulcerative absorption of the tissues which lay between it and the bladder, into the cavity of that organ. The bone here soon acquired a phosphatic coating, and produced the symptoms which led to its detection and removal.

In the case before us no doubt the same process took place. I do not imagine for an instant that a portion of bone was forced by mechanical violence into the bladder at the time of the accident. The organ was injured at the moment of fracture—as we know by the hæmaturia, and by the loss of ability to expel urine by the natural efforts,—and almost certainly by a portion of bone which became detached, but which probably was only partially driven through the coats of the bladder at first. Subsequently, no

* Vide THE LANCET, March 3rd, 1866.

doubt, it became free in the cavity and acquired a coating of phosphates, and produced the symptoms of a foreign body there.

I shall briefly refer to the only cases I know on record in which bone is the nucleus of a calculus. The first is in the museum of the Royal College of Surgeons, London—a large phosphatic calculus removed from the female bladder; in the centre of this formation is a piece of bone, but no history whatever of the specimen exists. The second is to be found in the American "Report of Surgical Cases in the Army," Circular No. 3, page 259, in which lithotomy was performed for a large phosphatic calculus in 1865; in its centre was found a small piece of bone; and, as the man was wounded in 1862 at the battle of M'Dowell by a ball which passed through his pelvis, shattering the horizontal ramus of the left pubic bone, there can be no doubt as to the nucleus having resulted from the gunshot injury.

I have only one more remark to make relative to the two interesting and instructive cases which form the subject of our remarks to-day. It is to recommend you always—in accordance with the rule I have so constantly given and insisted on when lecturing on stone in the bladder—to make a careful and accurate diagnosis of the case, before entering upon any operative procedure, in every case of stone. For this purpose a rather small and light flat-bladed lithotrite is one of the most useful instruments. Were there no such process as lithotrity, the lithotrite would still be an invaluable instrument in this respect. By its means you see how easy a thing it is to determine the size, form, and composition of a foreign body before deciding the question, often so momentous, as to how it must be removed. For this purpose the old, clumsy, heavy instrument is wholly inadequate. Extreme lightness and facility for being moved are the essential requisites for such a tool; and the more I see of calculous disease, the more I am impressed with the value of such a one for the purpose of acquiring an exact notion of the body on which I am called upon to operate before I decide on the method to be adopted.

ABSTRACT OF

Two Lectures

ON

THE DIAGNOSIS OF PELVIC SWELLINGS.

Delivered at the Hospital for Women.

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AFTER a few introductory remarks on diagnosis, arising out of Hippocrates' aphorism, "the coming-to-a-conclusion is difficult," the lecturer sketched the method he considered the best for eliciting the correct history of a case, and then, going at once to the subject, said: "I make no apology for using the word 'swelling' in preference to the ordinary Latin word 'tumor.' My reason for doing so is this:—In some way or other the word *tumour*, while including all the signification of swelling, has added to it in the public mind the idea, not merely of the swelling of a part, but of a growth more or less separate or separable, and generally of a dangerous character. This idea of an entity independent of surrounding structures is often fixed so indelibly in the patient's mind that the hope of a remedy prompts the frequent question, 'Can I have it dispersed, or must it be cut out?' It seems so important to do away entirely with this erroneous impression from the minds, not only of our patients, but also of ourselves, that I have used this word 'swelling' as conveying a meaning more akin to the truth. With regard to the limitation 'pelvic,' by it I would confine our present investigation to those swellings that lie wholly, or have their greater part situate, within the boundaries of the pelvis."

The exercise of the various senses as means of diagnosis was then fully explained, and the various methods usefully tabulated; but there is only room here for their partial enumeration. The sense of *touch* was divided into *immediate* and *intermediate*. Under the head of immediate touch were placed: (1) The simple digital touch, (*a*) of the vagina, (*b*) of the rectum; (2) the "double touch"—bi-digital touch, or recto-vaginal examination; (3) the conjoined examination; and (4) abdominal palpation. Intermediate touch was explained to be that by the sound, whether uterine or vesical, and also by the thermometer. The sense of sight is exercised usually through specula of various devices directly on the object, or on fluids withdrawn by fine trocars, or by the microscope. Hearing is called into play in immediate or intermediate auscultation, and in discriminating between the often slight variety of note or pitch elicited from immediate or intermediate percussion. In speaking of immediate touch, Dr. Heywood Smith said: "It may here be remarked that, as a rule, the sensation of touch, as perceived by an internal examination, is such as to convey to our minds the presence of a body larger than really exists. The following explanation is submitted as not altogether improbable:—The apprehension by the mind of degrees of comparison stands in relation to brain-work as given out in nervous energy. Now our ordinary measurements by the sight need but little movement of the eyes; also, on calling in touch to our aid, an object is usually grasped by several fingers at once, necessitating but little motion; but, in internal examination, it is necessary that the point of the finger should journey round a tumour in order to comprehend it, and the mind, taking cognisance of the size by the amount of motion required, builds up an idea of comparative greatness so much larger in proportion to the nervous energy expended in acquiring the information."

The lecturer then, before dividing the subject-matter under its various heads, made some remarks on the morals of vaginal examinations, in the course of which he said: "If a patient applied to a physician for diseases of the chest, he would be deemed to have gone into the case but superficially unless he had made a most thorough examination by means of every appliance that could be brought to bear on the subject. In the same way, and similarly as a matter of course, the pelvis should be examined where there are indications of its necessity. The indelicacy lies not in the examination itself, but in making much, or indeed anything, of it; the necessity arises out of the very nature of the case, and it should never be introduced with a preface, as if it were out of the usual order of things, but undertaken in the ordinary investigation of the case with the same unaffected ease with which a sight of the tongue would be requested."

The system of classification chosen as that considered the best under which to arrange the large amount of material was the anatomical; and the first main division was into (1) normal and (2) abnormal pelvic swellings.

1. The normal pelvic swellings may be thus enumerated—(*a*) the bladder full; (*b*) the uterus unimpregnated; (*c*) the uterus impregnated; and (*d*) the rectum loaded with fæces.

2. Abnormal pelvic swellings were considered in relation to the various organs and tissues involved, and embraced swellings connected with the bladder, the uterus (fundus and cervix), the ovaries, the oviducts, the broad ligaments, the vagina, the rectum, and, finally, any swelling within the pelvis that had not been included in the above list.

Among swellings connected with the bladder were mentioned and illustrated calculus, abscess, cancer, cystocele, foreign bodies, &c. In diseases of the uterus the cervix uteri is the portion which most often shows itself as a pelvic swelling, especially in its state of cancer of various forms, chronic inflammation with deposit, engorgement with elongation of the cervix uteri, polypi of various kinds, and the occasional malformation of a double uterus. Cancer of the cervix uteri in its early stage has, in the form of scirrhus, to be differentiated from indurated (benignant) deposit in the labia uteri, and in the form of epithelioma to be separated from rodent ulcer, syphilis, and granular inflammation seated upon a hard basis in the cervix.

For the diagnosis of these several maladies, it is not merely requisite that the different morbid appearances should be most carefully observed, but also that the histories of the cases should be most accurately gone into and traced, so as, if possible, to make the diagnosis tolerably certain by the very history, and almost independently of any examination. The cases of induration of the cervix

uteri present a hardness often circumscribed, occasionally involving the whole of one lip. In these cases the submucous hardness seems to lie at a somewhat greater depth below the membrane than does the hard tissue of carcinoma.

Sometimes diseases affecting only the body or fundus uteri present themselves per vaginam as pelvic swellings. Cancer of the fundus unassociated with, or, in fact, secondary to, carcinoma cervicis is rare; yet when it does occur it may be mistaken in diagnosis for fibrous tumour. The cervix high up or the body is felt to be bulging and hard, not very tender; the os uteri not patent; no discharge; in fact, the case may lack the characteristics of cancer. The history, too, may not be much help, for women will often live for several years before they find out that they are the subjects of fibrous tumours; and in cancer, in some cases, the disease may advance some way with scarcely any pain and without discharge. In such a case the passage of the sound will generally reveal the nature of the swelling; for when it touches a cancerous mass some bleeding is usually set up, and doubtless, at the same time, some pain too. Should, however, the diagnosis be not even then cleared up, the lips of the womb should be divided freely bilaterally, when cancer would reveal itself by being forced through the os uteri. A fibrous tumour might also thus, under certain circumstances, be forced through, or rendered amenable for exploration; and in that case division might enable further remedial measures to be taken. In the case, however, of fibrous tumours the history should be taken into consideration, as these may exist without much evidence of their presence for many a year. While speaking of uterine fundal swellings, it may not be out of place here to mention chronic inversion of the uterus: a condition liable, without due care, to be mistaken for a polypus; but the passage of the sound, disclosing an invagination of cervical tissue, determines the solution of the difficulty.

The lecturer then came to consider the various versions and flexions of the uterus, inasmuch as they produced pelvic swellings which it was absolutely necessary should be differentiated from each other and from other morbid conditions for the purposes of diagnosis. In considering *anteversion* it must be borne in mind that to constitute an abnormality the uterus must lie nearly horizontally; the natural position of the organ being at right angles to the plane of the pelvic brim, and so anteverted as regards the perpendicular. In *retroversion* attention is called to some difficulty in defecation with backache among other things, and the simple touch generally reveals the nature of the dislocation. In *retroflexion*, however, while these symptoms are generally exaggerated, there is also a post-cervical swelling separated from the cervix by a sulcus which is not found in retroversion. That this swelling is the flexed fundus is only to be demonstrated by the introduction of the uterine sound, for the proper use of which minute directions were given. *Anteflexion*, on the other hand, was described as producing more severe subjective symptoms, and for its proof requiring the careful use of the sound. These flexions were also referred to as occurring in the impregnated uterus. Other organs, some of whose morbid conditions should be ranged under the head of pelvic swellings, were then considered—namely, the ovaries as felt in chronic and acute ovaritis; also all the ovarian cyst formations, whether unilocular, multilocular, or histoid of various kinds. After referring to diseases of the oviducts, the pelvic swellings that are connected with the broad ligament claimed attention; these arise from cyst, pelvic cellulitis, abscess, periuterine serous effusion, and para-uterine, or extra-peritoneal areolar hæmatocele. Cysts are scarcely distinguishable from those of the ovary save by their contents. Cellulitis is differentiated by its history from hæmatocele, and both from fibrous tumours by the absence of constitutional symptoms with the latter, and by the use of the simple touch with the uterine sound. Pelvic swellings confined to the vagina may be caused by abscess in its wall, cancer, cicatrices, fibrous tumour, syphilis, condylomata, cysts, polypi, and foreign bodies. Cancer of the rectum may produce a pelvic swelling felt per vaginam, as also rectocele.

Dr. Heywood Smith then drew attention to certain swellings that might be present in the pelvis, and which had not been included in the above classification, as increased projection of the promontory of the sacrum, exostosis, cancer of the bone of the pelvis, abscess of the kidney, extra-uterine fœtation, enterocele, hydatids, aneurism, and post-uterine intra-peritoneal hæmatocele. The bony diseases are recognised by their hardness, which, in osteo-sarcoma, is varied by portions of friability. Pyonephrosis may extend into the pelvis and produce a swelling. The diagnosis of extra-uterine fœtation was carefully gone into, and its differentiation from fibrous tumour and ovarian cyst indicated. The rare accident of enterocele was explained, and hydatids and aneurism alluded to to render the list complete; and the last pelvic swelling considered was intra-peritoneal hæmatocele. This was explained to be more a symptom, though a very grave one, of some mischief, happening generally suddenly, in connexion with some previously diseased pelvic organ. A table was shown exhibiting, in parallel columns, the differentiating signs and symptoms between it and pelvic cellulitis, extra-uterine pregnancy, ovarian cyst, fibrous tumours, retroflexion of the uterus, and extra-peritoneal hæmatocele respectively.

The lecturer concluded with these words:—"In order to diagnose pelvic swellings with accuracy, it is necessary that we should habituate ourselves to an orderly, deliberate, and logical investigation of the question before us; and failing, as we so often do, to be able to grasp special pathognomonic signs, let us give our careful attention to the following: (1) to any deviation from the normal state of any function, not only of the organ affected with disease, but also of neighbouring organs, or organs functionally connected; (2) to all the absolute physical changes in any part under observation which may be discovered by any means in our power. To these ends we should bring to bear all the knowlege and appliances that modern medicine has furnished us with. And when we have done all this conscientiously, and have come to a conclusion which we have every reason to believe is a right one, how humiliating to have to confess that that labour has only given us the knowledge of the existence and character of the disease, and that on arriving at a correct diagnosis we have scarcely even entered the solemn portals of our art."

TWO CASES OF LIGATURE OF LARGE ARTERIES.

Performed at the Royal Naval Hospital, Plymouth,

BY ROBERT BERNARD, M.D.,
DEPUTY INSPECTOR-GENERAL.

(*Communicated by* THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

I.—LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR INGUINAL ANEURISM.

W. J——, aged thirty-nine, private marine, admitted from H.M.S. *Indus* on the 6th February, 1872. Has been twenty years in the service, and enjoyed fair health. Served for four years in India and China, where he suffered from syphilis. Has been accustomed to drink freely. His attention was called to his present affection a month since. First felt pain and cramp in walking; then observed a varicose state of the veins of the affected limb; and still later a swelling in the upper part of the thigh. This latter increased rapidly, but more particularly within the last forty-eight hours. He is not conscious of having sustained any injury.

On examination, a large fusiform aneurismal tumour is found to fill the upper two-thirds of Scarpa's triangle on the right side, and extending a little above Poupart's ligament. This pulsates strongly, the pulsation being readily commanded by pressure on the external iliac artery. No abnormal sign of disease can be detected by the ear in the heart or other arteries, but the sphygmograph shows a considerable difference between the radial pulses. (See tracing on next page.)

He was ordered a bladder of ice and salt to the tumour; a castor-oil draught; and the administration of a large enema, by a long tube, in the morning.

Feb. 7th.—The large intestines having been well emptied by the enema, he was placed under chloroform this morning, and the operation for securing the external iliac artery proceeded with.

Operation.—An incision was made extending from one inch above and to the inner side of the anterior superior spine of the ilium, downwards and inwards as far as the external abdominal ring, laying bare the external oblique muscle, which was then slit up to the same extent. The internal oblique and transversalis were carefully divided, the transversalis fascia pinched up, cut horizontally, and separated by the finger from the subjacent peritoneum,

which latter uninjured was readily raised from the iliac fossa, drawn upwards and inwards, and retained by wooden retractors. The artery came now into view with unusual distinctness, and appeared large but otherwise healthy; its investing fascia was torn through by two pairs of long forceps, and a thick catgut ligature (carbolised) passed with ease round it. This was secured by the ordinary knot, the ends cut short, and the wound brought together by six points of suture. There was considerable superficial venous congestion, and three arteries were secured during the operation. On the vessel being tied, which was done about two inches above Poupart's ligament, all pulsation in the tumour immediately ceased. The wound was dressed with carbolised oil, a pad and bandage.

8th.—Complained of numbness of foot during the night; slept fairly under the influence of opium. This morning there is slight constitutional disturbance. Pulse 108; temperature of affected thigh 99°, being 3° higher than that of the left.

9th.—Has complained a good deal of pain and uneasiness of ankle; much easier this morning, and with less pyrexia. Temperature in axilla, 101°; in right thigh, 97°; in right foot, 93°; in left thigh, 96°; in left foot, 95°. Aneurismal tumour less, feels harder and free from pulsation.

11th.—Wound was dressed and looks well. Carbolised oil dressing (1 to 50) reapplied. Has had some abdominal uneasiness, relieved by the bowels being opened by an enema; appetite improving.

13th.—General improvement until this evening, when he became almost suddenly delirious, fancying he saw insects and devils crawling round him; but with this no excitement of pulse, or tremor, or abnormal condition of urine. The wound was examined, and at its edges found to be in a highly inflamed state, almost sphaceloid. Opiate dressing was immediately substituted for the carbolic acid, and opium given freely during the night, also some wine and brandy. A restless, talkative delirium continued, but he fell asleep in the morning, and after a sound sleep awoke quite coherent; wound also looking much less angry.

19th.—Since last report the surgical wound has gone on favourably. The aneurismal tumour is smaller, more consolidated, and pulseless. There has been continued uneasiness and pain of foot. The little toe is cold, and begins to assume a dark hue. No pulsation to be felt anywhere below the ligature; but the temperature of the leg and thigh is normal, and the blood in the veins appears to circulate freely.

March 7th. — Has suffered much from pain of toes and foot, which was relieved by subcutaneous injections of morphia and the local application of belladonna. The three outer toes are now shrivelled and gangrenous (mummiform). Surgical wound doing well, but for a few days "grumous purulent" matter has been discharged, concomitant with which a rapid diminution of the tumour has taken place. The general health is fair and the appetite excellent, but a certain amount of constitutional disturbance is necessarily kept up by the pain of the foot and the effect of narcotics.

31st.—Since last report the surgical wound has rapidly contracted, and may now be said to be closed. Some slight thickening, indicating the position of the large aneurismal tumour. No return of pulsation below the seat of deligation. General health excellent. The pain in the foot is much less, but all the toes have become engaged, and the gangrene has extended a little on the outer half of the dorsum of the foot. This process has now, however, entirely ceased, and a line of demarcation has formed, isolating the disease. The accompanying photograph shows the exact state of the foot this day.

April 27th.—Going on well in every respect. Wound healed, and the gangrenous part rapidly separating, leaving healthy granulations beneath. At a future time partial amputation of the foot will be resorted to, in all probability Chopart's operation.

This case appears to possess several features of interest—first, the successful deligation of this large artery by carbolised catgut ligature, and cure of the aneurism; secondly, the delirium, no doubt caused by dressing the wound unprotected with carbolised oil; thirdly, the partial mummiform and gangrene which took place in the foot.

II.—DELIGATION OF THE LEFT COMMON CAROTID ARTERY FOR HÆMORRHAGE FROM FAUCES.

W. D——, aged twenty-five, A.B., admitted February 5th, 1872, for phagedænic ulceration of the throat, supposed to be syphilitic. He is a married man; wife healthy; no children. He stated that he had primary syphilis nine years ago, and not since. Has never suffered to his knowledge from the disease in a constitutional form. He is a delicate, anæmic-looking man, who only presented himself yesterday to the surgeon of his ship; and states that he has suffered from his present symptoms (which he attributes to a cold) for the last month.

On examination there is no syphilitic eruption on the skin, but the velum palati is found to have disappeared from recent ulceration, and the left arch of the palate and back of the pharynx presents a sloughing mass, which appears to extend downwards, and to the left side, including the left tonsil. There is great difficulty of deglutition, and all solid food is rejected. There is no glandular enlargement, inguinal or cervical.

Feb. 26th.—Under the use of the mineral acids, mercurial vapour baths, and supporting nutriment, at first given in the form of enemata, the general health improved materially, and the throat assumed a more healthy action, several sloughs having been detached. This morning, however, after a slight fit of coughing, violent hæmorrhage suddenly came on, and he ejected from the throat a large quantity of arterial blood, which is described as having come "per saltum," and amounted to fully five pints. On being visited, he was found in a state of complete collapse, all bleeding having ceased. From this he rallied with great difficulty, and when reaction had fairly set in it was thought advisable to secure the left common carotid artery, the hæmorrhage having evidently come from a large artery on that side.

Operation.—An incision was made, commencing one inch below the cricoid cartilage, along the inner border of the left sterno-mastoid muscle, extending upwards to the extent of two inches. The sheath having been exposed was opened on its tracheal side, and the aneurismal needle, armed with a carbolised catgut ligature, readily passed round the vessel a little above the crossing of the omo-hyoid muscle. Neither jugular vein nor pneumogastric nerve was brought into view.

28th.—Has gone on very well since the operation, having

been nourished by nutrient enemata. The only cerebral symptom observed was extreme drowsiness.

29th.—The throat continues to clean. Can swallow milk and beef-tea to-day.

March 18th.—Has not had any unfavourable symptom since the operation, gains strength, and takes his food well. Surgical wound healed except at one small point, through which, this day, a foreign body (evidently the knot of the ligature) was discharged.

April 27th.—General health excellent; throat nearly well; still some oozing from a speck in the centre of surgical wound. The arteries, above the ligatured vessel, show no return of pulsation.

REPORT OF

A CASE OF PHTHISIS PULMONALIS,

ACCOMPANIED BY ULCERATION OF THE LARYNX AND PLASTIC EXUDATION INTO THE TRACHEA AND BRONCHI.

BY G. H. PHILIPSON, M.A., M.D. CANTAB., M.R.C.P.L.,

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JOHN S——, aged thirty, a Norwegian, was admitted into the Newcastle Infirmary, under my care, on the 18th of January, 1872. For nine months he had been employed as a fitter at one of the engineering works on the Tyne. For six months he had suffered from cough, shortness of breath, occasional pain in the chest, slight hæmoptysis, loss of flesh, and gradual diminution of strength.

At the time of his admission he was much emaciated, his voice was husky, his cough was almost incessant, and he was expectorating large quantities of nearly pure pus. His pulse was feeble (120), and his respirations were short and hurried (33). The chest anteriorly was flat, and was almost stationary, even in forced respiration. There was marked dulness upon percussion in both infra-clavicular regions, and in the left upper scapular region. The irritability of the muscles under percussion was well marked. The respiration was harsh, bronchial, and was accompanied with bubbling rhonchus, especially in the left infra-clavicular region. Upon examination with the laryngoscope, the mucous membrane of the larynx and chordæ vocales was seen to be ulcerated. A strong solution of nitrate of silver was applied to the larynx with the curved brush, and sedatives, nourishing food, and wine were administered.

Jan. 27th.—The respiration in the left infra-clavicular region was hollow, cavernous, and was accompanied with gurgling rhonchus. The voice was muffled, and at times was changed into a hoarse croaking whisper.

Feb. 10th.—After some hours of urgent dyspnœa, and during a violent paroxysm of coughing, the patient expectorated a piece of false membrane, about four inches in length, tubular at one extremity, and distinctly transversely marked and indented. From its size it was surmised that it had been dislodged from the lower portion of the trachea, or from one of the main bronchi.

On the evening of the 12th he died from exhaustion, but without having ejected any further mass.

Autopsy, fifty-seven hours after death.—The lungs were both adherent to the chest wall, the left more firmly than the right, especially near the apex. The upper lobe of the left lung was excavated with caverns, anfractuous, about the size of large nuts, communicating one with another, and with indurated lung between them. The upper half of the lower lobe was studded with yellow and grey tubercle, the yellow being in excess. The lower half of the lower lobe was darkly congested. The main bronchus and bronchial tubes were lined with false membrane, which at places was loose and easily raised. The pleural covering of the upper lobe was greatly thickened; that of the lower lobe was spotted with dark pigment. The upper lobe of the right lung was similar in appearance to that of the left, with the exception of the cavities being smaller, many not being larger than peas. The lower lobe was dotted with yellow and grey tubercle, the grey preponderating over the yellow. The main bronchus and bronchial tubes were lined with false membrane. The trachea was lined throughout with false membrane, which was separable in layers and easily raised from the mucous surface, which was tumid and of a dull-red colour. The false membrane very closely resembled moistened parchment, and when examined under the microscope appeared to be made up of altered epithelial cells. The cavity of the larynx was covered with pus. The mucous surface presented an irregular-shaped loss of substance, with serrated ragged edges. The chordæ vocales could not be recognised. The heart, liver, and kidneys were healthy. The bronchial and mesenteric glands were not enlarged nor tuberculated.

The particular interest of this case is, the association of tubercle in the lungs and of tubercular laryngeal ulceration with the formation of false membrane in the air-passages, the ulcerative action being limited to the larynx, and the membranous croupous or aphthous inflammation to the trachea and bronchial ramifications, large and small; the two processes—that of the morbid condition of the blood giving rise to the deposition of tubercle and to the membranous inflammation affecting the same continuous membrane—being in close juxtaposition, and being apparently dissimilar, yet resembling each other in the lowness of organisation of the products. Possibly, the exudation upon the mucous membrane of the respiratory tract was only an extreme condition of that form of aphthous or diphtheritic stomatitis which is not uncommon towards the close in cases of chronic phthisis pulmonalis. The condition of the lungs very typically exemplified the anatomical characters of tubercle, and the changes which the tubercles undergo—namely, that tubercle in its early stage is grey and afterwards becomes yellow, and that yellow tubercle softens and finally gives rise to excavation.

Newcastle-on-Tyne, May, 1872.

OPHTHALMIC NOTELETS.

BY J. F. STREATFEILD, F.R.C.S.

I. ON THE PRESERVATION OR DESTRUCTION OF THE CONJUNCTIVA IN CASES OF EXTIRPATION OF THE GLOBE.

THERE is one other, a fourth, class of cases in which the total destruction of the conjunctiva should probably be accomplished for the benefit of the patients who are minus an eye—those, namely, whose conjunctivæ are so peculiarly irritable naturally, or the shape of whose conjunctival sac after the excision operation is so peculiar, that though the artificial eye looks well and can be well retained in place, it, for some unknown reason, is a cause of so much irritation that it cannot be worn very well or continuously, and if an artificial eye can only be worn at intervals it no longer answers the purpose of the counterfeit organ. In the cases I now recall to mind the conjunctival sac is always discharging more or less; if the offensive discharge does not exude from between the lower lid and the glass eye, the deep cup of its concave back is at all events filled with matter of the discharge when the eye is removed at bedtime. (This shape of the back of the artificial eye is an absurd tradition of the times when artificial eyes were put upon old shrunken stumps of accidentally wounded and lost or surgically abscissed and dangerous eyes, and I have tried ineffectually to get the makers to make the concavity much shallower, and so get probably more movement from the deep hard mass of scar-tissue on which the artificial eyes now have to rest, and a broader, blunter edge.) The glass eye being removed the formerly ocular conjunctiva is found to be raised into four œdematous swellings by the cruciform depression of which I have spoken, and perhaps in the centre of it is one of those common little button-like fleshy excrescences (which should be snipped off). The conjunctiva is secreting more or less offensive discharge. Alum lotion and the artificial eye no longer being worn soon cure all this, and yet it will return again and again when the artificial eye is in use. (Of course I am not referring to the cases in which the glass eye is rough at the edges, and a new one is required.) The conjunctiva in such cases as these had better probably be altogether destroyed.

I have heard tell of cases in which, after removal of a lost eye and the wearing of an artificial eye in its place, the

other, the sound eye, for the sake of which the excision operation was done, has become, so it is said, *sympathetically irritated, though never so before the operation*, and ever re-currently irritable whenever again it was attempted to begin the use of the artificial eye. I have not myself seen any such cases. I have seen such intolerance of the use of an artificial eye and a similar consequent irritation of the remaining eye, but not, I think, in any case in which the latter had not been irritable before the excision; in such cases as those I have seen I should not now be contented with the omission of the glass eye, ostensibly causing the continuous irritation, but I would also advise the total destruction of the whole conjunctiva by way of also improving the patient's appearance and relieving him of the offensive discharges, &c. And if I ever see a case in which an eye sound and not irritable before the excision of the other becomes, as a consequence of the wearing of an artificial eye, the subject of sympathetic irritation or inflammation, I shall feel it my duty not only to recommend the operation but strenuously to urge its adoption, so that at no time can the conjunctiva of the eye excised be irritated in any degree, or the patient tempted at any time again to wear the dangerous substitute.

II. WHEN AND WHERE TO IRIDECTOMISE IN CASES OF ANTERIOR SYNECHIÆ REQUIRING AN ARTIFICIAL PUPIL OPERATION.

Of all the very numerous iridectomies performed nowadays, a large number are of those done on account of a former iritis as a primary (ophthalmic) affection, leaving extensive posterior synechiæ as results, and, without surgical remedy, the time for belladonna and medical treatment being passed, all their ill-consequences to follow them, and a still larger number of iridectomies, to include those making the first stage of cataract extraction operations, are made up of the cases in which there has been no iritic starting-point for the operation, and the iris, unless secondarily involved in inflammation, has been apparently quite unconcerned. Of the former class, the last annual report of operations at the Moorfields Hospital, for instance, gives 155 (as having been cases of recurrent iritis, or choroido- or kerato-iritis, or simply as synechiæ and closed pupil, or as artificial pupil unexplained), and of the latter 348. Some of either class of cases, no doubt, should be transposed if they had been all explained and classified with a view to my so dividing them, and making consequent deductions, but they are fairly enough treated for my general purpose. In the second class I have added together the iridectomies for Graefe's cataract extraction (165) for *congenital* cataracts, glaucoma, staphyloma, ulcer of the cornea and hypopyon, and other suchlike less frequent cases. A small number of this larger class, no doubt, must include the iridectomies done either for anterior synechiæ or in cases in which there are anterior synechiæ, and, *practically*, in my point of view, it comes to the same thing. They appear, I suppose, in the list under the head of *staphyloma*, for ulcer of the cornea and hypopyon, properly so called, as a present state, only, when not operated on as such, can become, for they are not such cases as those to which I refer, or lead to the operations of which I wish to speak—namely, those in which (either for the immediate purposes of vision, as artificial pupil, or to reduce tension of the globe, or to re-establish the blocked communication between the two aqueous chambers and relieve the distension and compression, *a tergo*, of the iris; all the cases, in fact, in which) *anterior* synechiæ are associated with the necessity for an iridectomy. I have myself had several of these cases just lately, so that I am surprised that I can trace so few (only twelve under staphyloma) in the statistical report of 1871 above mentioned, and think some of the cases to which I refer must be sought among some of the other iridectomies not done for any essential (iritis) results.

When there are anterior synechiæ there are corneal opacities, these being very probably the result of loss of substance of the cornea replaced by cicatricial tissue, weaker than any part of the natural circumference of the globe of the eye, or the corneal tissue is weakened by a precedent keratitis, so that a staphyloma (if any bulging, however slight, is so to be called) is commonly a later consequence, and a prominent symptom of the disease for which, in the subdivision of iridectomies of which I speak, the operation is done; but I doubt if they can be all classed under staphyloma in the report, for among the earlier results they would be either ostensibly characterised as leucomata or anterior synechiæ, and so called.

When there are anterior synechiæ and leucomata (an artificial pupil to be made), whether the latter be so soon staphylomatous or not, an iridectomy should be done at a very early period.—In order to the adoption of this rule of early interference by operation, I would remark that I believe the cases are quite apart and unlike the common cases of *posterior* synechiæ in theory and in practice, but they are not commonly so distinguished, and it is a practical point that they should be. As there is no case more urgently needing an iridectomy, and for more reasons, unless it be acute glaucoma, than that of *total* posterior synechia, so, also, a *total* anterior synechia case urgently needs it. In the latter case the lens and other deeper-seated parts are not, as in total posterior synechia, necessarily involved, but there is much the same ever-persistent unremitting distension and compression, *a tergo*, of the iris, leading soon to atrophy of the iris. This is quite enough to require an iridectomy without unnecessary delay in either case of *total* synechia, but in neither can it be done as soon as belladonna has been found to have failed; there must be some waiting for subsidence of the remains of inflammation because of the greater probability of its recurrence if the eye be not "quiet" when the operation is done. Some say three months, some will defer it even nine months, but the time may be advantageously very much reduced in all *anterior* synechiæ cases. After an essential iritis, for posterior synechiæ, one must wait a month or two at least, I think, after subsidence of all redness and other external evidences of inflammation before doing an iridectomy: total posterior synechia, because it is total, is an urgent and sufficient reason for reducing the time of delay to the shortest period the individual surgeon may deem advisable, even willing to run some risk of an abortive attempt to re-establish the communication between the aqueous chambers for the sake of the great end sought to be attained by the operation—the relief, if there be no tension of the globe, of the distension of the iris. But in total anterior synechia the delay may be reduced to a minimum; for the risks of an abortive attempt, or of inducing a recurrence of iritis, are so much less as to be almost nil. I think now I would make an iridectomy in such a case in perhaps a week after all redness in the ciliary region had disappeared. And in *all* anterior synechiæ cases requiring iridectomy, this may be safely, and should be therefore, done much earlier than in posterior synechiæ cases requiring it: And not only more safely at an early time, after subsidence of the ciliary redness, &c., but *more successfully inasmuch as it is thus done earlier*. I wish to point out what I have noted in reference to this very practical matter, and then to remark on what seem to me to be sufficient theoretical reasons for what I have found to be true in practice; and, finally, to urge an *early* iridectomy in all cases of *anterior* synechiæ requiring operation, and then, if this operation be done for the purposes of vision, as an artificial pupil, I wish to point out that it may and should be done downwards and inwards, or in any direction considered otherwise most favourable to vision in any case of total anterior synechia, and without regard to the favourable or unfavourable situation of the (anterior) synechiæ in any case in which the synechiæ are not total. I call to mind many cases I have had at the Moorfields Ophthalmic and at University College Hospitals, more particularly the first case, in which my attention was directed to this point. The patient was a lad with a considerable, recent, not at all staphylomatous, but rather depressed, leucoma, and extensive but not total anterior synechiæ. Without a particular description of these results of the ulcerative inflammation, I may say of the former that, though the active disease had only so lately disappeared in this case, it evidently must leave a dense opacity without hope of its clearing, because of the loss of corneal substance there had been; and of the latter, that belladonna could not detach them, and that they were fewest and the iris seemed altogether least bound to the back surface of the leucoma at the upper part or outwards. I should have liked to make the artificial pupil down and inwards or downwards; and in this case the cornea in the down and inward direction was fairly sound and transparent; but the iris, at its lesser circumference, was here altogether bound by the anterior synechiæ. In an ordinary case, after the

usual delay before the iridectomy operation, to have made the iridectomy down and inwards might succeed or not. The better position (as to iridectomy without regard to vision) in this case would have been in any (other) direction in which the iris was freer. Certainly the iris would then only separate in the down and inward direction by tearing it from the cornea; it would then bleed perhaps considerably, and, by a fresh inflammation lit up, or by remains of clot left in the pupil, the result would be more or less unsatisfactory. So that I seemed to have the choice of doing at a future time a successful iridectomy in an unfavourable position for vision, or one not improbably unsuccessful in the right place otherwise. The inflammatory symptoms had only recently but entirely subsided; there was no redness remaining in the ciliary region, nor was the eye any longer very prone to blush on examination. The adhesions were too firm for belladonna—not only too old, but too broad, for belladonna can seldom detach broad adhesions, however recent they may be, and, conversely, can detach sometimes old but narrow (non-elastic) adhesions. To return to my case: I performed the operation *at once, in the position best adapted for an artificial pupil*, and found the pupillary margin come away freely and in perfect shape from the leucoma, without any apparent resistance to the traction of the iris forceps, and without any tearing of the iris or bleeding from the separated parts. I had hoped for, but had hardly expected, so successful a result. In the end there was an excellent artificial pupil; and as, happily, the leucoma has shown—as yet, at least—no tendency to become staphylomatous, and as the patient is now in good health, I have the best reasons to hope the leucoma will not bulge, but will remain in the same position, and in that case the eye, with an excellent artificial pupil in the best situation, will remain as useful as it now is or as it can be.

I need not particularly describe all details of this or of other similar cases, as such particulars are very uninteresting, even if they are considered worth reading by those not immediately concerned, and will give instead of them my conclusions on the subject, and the line of practice into which, in these cases, I intend to enter.

1. When there are anterior synechiæ, and an artificial pupil will be required to be done, if the case is in our hands from the time of the formation of these adhesions, and belladonna has been used abundantly, and has failed to separate them, *do an iridectomy at an early period.*

2. The first condition being accepted, if an artificial pupil for purposes of vision is required, choose any part of the circumference of the cornea that seems to be best (most transparent, or best for any other reason), and there iridectomise without any regard to the position of the anterior synechiæ, *which in this case will detach themselves.*

An objection will be made that, as regards the cornea, the best position cannot be told at so early a period, that much of the clearing of the cornea has yet to take place, that it does not always clear most where it most promises to clear, &c. This will be, no doubt (without the formal old rule of so many months' necessary delay in all cases), to many operators, and in many cases, a reason for too much procrastination. But I think that we can generally form an opinion as to the clearing of the cornea where it will be most, and that about half (the upper and outer quarters) of the circumference of the cornea is, even if clear, very objectionable for visual purposes; and that if the cornea after all does not clear in the right place, there can be no objection then, but great advantage, in doing another iridectomy.

Another probable objection to be met is the fear of a fresh iritis being lit up by so soon operating for artificial pupil iridectomy; but the cases of iridectomy for artificial pupil in which I propose this early operating are not the common cases, but a small subdivision of the same, and must not be mixed up with the greater number. In the iridectomies for artificial pupil—

With posterior synechiæ.	*With anterior synechiæ.*
(*a*) There has been probably an essential precedent iritis of constitutional origin, and, therefore, there is a special tendency to a recurrence of a similar iritis.	(*a*) There has been no iritis, or only a secondarily induced, adventitious, non-specific, non-recurrent, minor iritis.
(*b*) The cut iris-tissue is in contact with, or close upon, the anterior surface of the lens, to which it has been adherent, and with which, by proximity, it is the more likely to become glued by a slight inflammatory effusion.	(*b*) The cut iris-tissue is far away from the posterior surface of the cornea, to which it has been adherent, with which by its remoteness it cannot become reunited by any inflammatory effusion so long as the aqueous humour is retained.
(*c*) The more contracted the pupil after the operation, the more likely is the iris to become adherent from its greater proximity to the part to which it has been adherent.	(*c*) The more contracted the pupil after the operation, the less likely is the iris to become adherent, from its greater distance from the part to which it has been adherent.

The aqueous humour, we know, is resecreted in a very short time after it has been let out in an operation, and the oblique opening in the cornea at once retains it if the wound is not so soon united. This brief period of time that elapses before the aqueous humour is resecreted and retained is of comparatively small importance in cases of operations for posterior synechiæ, the iris and *lens*, under all circumstances, are so close together; but a deep and full anterior aqueous chamber is the great advantage we have to reckon upon and to make the most of in the anterior synechiæ operation cases with which I am now concerned. That there has been no precedent iritis, and, as a consequence, none to recur, is the other great advantage. Synechiæ of any kind, in some proportion to their extent, are ominous of evil in any case whatever. It is a very important duty of an ophthalmic surgeon to prevent, mitigate, and detach these adhesions whenever he can. The operation of iriddesis is therefore and inevitably becoming obsolete. The anterior synechiæ, as compared with those behind the iris, are comparatively unimportant, they are also much less common; but when, for tension of the globe, distension of the iris (total synechia), or for artificial pupil, an iridectomy is done in these cases, it may be safely, and therefore it should be, done early, not only by way of lessening the time lost in delay or to lessen the chances of ill results occurring as a consequence of them, but because the operation can then be done with better success. The whole width of the iris, from its greater to its lesser circumference, can then be removed; and at a later time its pupillary margin and a greater or less portion of its width therefrom will be closely attached—too firmly consolidated to the corneal cicatricial tissue to separate itself when it is attempted to be withdrawn, but instead of this it will tear, and the inner portion will be left *in situ* on the back surface of the cornea or leucoma, an irremediable opacity without regard to the major and inevitable opacity of the cornea itself or its substitute. Posterior synechiæ in any one case, when plural, are often of various dates; but anterior synechiæ are all of one period—all occurred at some one time when the aqueous was evacuated, and the iris fell forwards towards the aperture for a sufficient, brief, time to become adherent to it or to the back surface of the cornea with which it is brought into contact; so that in all probability any part of any anterior synechia can be, for this matter, as easily separated as any other part, and there can be therefore nothing to choose—no part easily or with difficulty to be detached; and, in point of fact, they are easily detached in iridectomy operations when the operation is done sufficiently early. And the particular character, position, and extent of these corneal adhesions of the iris need not, and indeed ought not, then to influence us in determining upon the place of the iridectomy. We have only to consider the leucoma as it now is, and as it will be in the future probably, and the ordinary rules of surgery in choosing the position of an artificial pupil. For my part, I should prefer to operate down and inwards, and to remove the portion of iris as near to the centre of the cornea as may be. The anterior synechiæ are non-existent for practical purposes in these early operations, and offer no resistance.

The common posterior synechiæ may also probably no doubt freely detach themselves in doing an early iridectomy; but besides the greater proclivity to iritis, a recurrent iritis, in the nature of these cases *ab initio*, synechiæ are, it seems to me, generally more closely and broadly and firmly united to the lens with which the iris is so much more nearly in relation, or in actual apposition at

all times, than with the more distant cornea with which the iris has been casually for a short time only apposed, that the iridectomies for posterior synechiæ must be necessarily longer deferred, or a second iritis and readhesions and a failure of the operation will be the only result.

A *slight* attack of iritis after an essential or specific iritis and an iridectomy, and the iris imperfectly dilated as it then, after an operation, will be only by the use of belladonna, is very much more likely to cause readhesions and a failure of the operation than is any degree of iritis in anterior synechiæ cases, for the several reasons I have given above. A slight iritis after an iridectomy will have no effect to produce readhesions in anterior synechiæ cases, though they be, as I now beg to propose, operated on at an early period, in whatever position, irrespective of the adhesions, may seem to be most conducive to good vision, or may be otherwise most desirable.

REMARKS ON HYDRATE OF CHLORAL; WITH CASES.

BY RICHARD WOOD, M.R.C.S.

AT this time, when the properties of hydrate of chloral are being investigated and discussed, I think it must be interesting to give and receive all information that can be collected on the matter, more particularly when doses so small as forty grains will cause death in some cases, while doses as large as sixty and eighty grains may be given in others with impunity. We should endeavour, by one means or another, to tell beforehand what constitution will bear its administration and what will not. For chloroform, we have been taught to stethoscope the heart, and, if disease be detected, to be very guarded how we give it. May not the same caution be necessary before prescribing hydrate of chloral? In many cases where I have given it the patients have appeared confused and unable to answer questions intelligibly, even where doses of ten grains only have been taken. I have also observed great depression in the system, with feebleness of pulse. The valuable properties of the drug, however, are unmistakable, as the following cases will show.

CASE 1.—On Feb. 5th, 1872, Mrs. G——, aged sixty-one years, presented all the symptoms of a severe attack of asthma, for which I prescribed an antispasmodic mixture of lobelia and ether; giving her at the same time a small bottle of drops, each dose containing one-eighth of a grain of morphia, to be taken when the paroxysms came on. Upon visiting her on the following day she immediately declared she could not take any more of the drops, as they had produced great oppression in the chest and much increased her difficulty of breathing, and she had been obliged to sit up in bed supported by pillows, fearing that every gasp for breath would be her last. I was perplexed what to do, when chloral occurred to me. On the following night, when the usual paroxysms threatened to come on, she took a draught containing one drachm of Ferris's syrup with five minims of tincture of belladonna. To her surprise, after waiting some time in full expectation of having to undergo the same struggle for life as she had on the previous night, she fell into a quiet comforting sleep, which lasted for two hours, at the expiration of which she repeated the dose, and slept again till morning—a thing she had not done for several weeks. This course of treatment was persevered in, gradually diminishing the dose, until, after the expiration of three or four weeks, she lost every sign of the disease.

CASE 2.—On March 29th, 1871, being called to see Mr. W——, aged fifty-nine, I found him suffering acutely from gout in the stomach, with constant hiccough and vomiting, and excruciating pain over the epigastric region. He was ordered half a grain of morphia and a drachm of compound spirit of ammonia in an ounce of water, to be repeated if necessary; also a pill containing half a grain of the acetic extract of colchicum, to be taken every six hours. Upon my revisiting him in a short time he had vomited both the draught and the pill, which being repeated he brought up again. He was now ordered ice and effervescing draughts with hydrocyanic acid. This somewhat relieved him; but in the night I was again called to him, and I hypodermically injected one-third of a grain of morphia, which greatly lessened his sufferings. The vomiting, however, continued off and on until he was compelled to entirely cease taking anything by the mouth. He had, in consequence, beef-tea enemata injected into the bowel every fourth hour, to sustain his fast-failing vital powers, with occasionally the addition of half a drachm of tincture of opium. This plan was continued with success for a week or two, when at last even the opium ceased to give the relief it had at first afforded, and his nights were passed without sleep. He was now ordered two scruples of the chloral hydrate, to be given in the beef-tea enema at night. It acted like magic, and he obtained a quiet and painless night. This relief was felt throughout the rest of the illness, which terminated in the course of five or six weeks by a complete recovery.

CASE 3.—On April 5th, 1872, Mrs. N——, aged seventy, called me in. She was suffering from acute bronchitis. Ordered a mixture of carbonate of ammonia; also a small bottle of drops, containing for each dose one-twelfth of a grain of morphia, to be taken occasionally at night to ease the cough. On the following morning she complained that expectoration was more difficult than it had been, although she had had more sleep. She also felt great discomfort from an eruption having appeared on the body, more particularly on the outside of the thighs and back, resembling urticaria, which caused intolerable itching. Not feeling certain that this was the result of the anodyne, I ordered her to continue it. The next day, the irritation being no better, I determined to change the morphia for chloral, of which I gave her a two-ounce mixture, containing six drachms of Ferris's syrup—two teaspoonfuls to be taken occasionally when the cough became troublesome. I was much pleased on my subsequent visit to hear her express herself considerably relieved and refreshed by a good night, the rash and itching having almost disappeared, and which were entirely gone in two or three days. She had completely recovered in the course of a fortnight.

Bromsgrove, May, 1872.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

UNIVERSITY COLLEGE HOSPITAL.

INTESTINAL OBSTRUCTION; CAUSE OBSCURE; DEATH; OBTURATOR HERNIA DISCOVERED.

(Under the care of Dr. ROBERTS and Mr. ERICHSEN.)

OUR readers will peruse with interest the following account. Cases of obturator hernia are rarely met with. The diagnosis is exceedingly difficult—by some considered impossible; and its occurrence has very rarely been determined during life. In most instances, as in the present, it has only been made out at the autopsy, the patient dying with symptoms of internal strangulation. We are indebted to Mr. W. Greenfield, physician's assistant, for the subjoined notes of the case.

S. H——, male, aged fifty, was admitted on April 10th, 1872, said to be suffering from intestinal obstruction. He is a tall, thin, spare man, much emaciated, and completely bald. Is married, and has several children. Has been a worker in brass. Habits regular. Has always been subject to cold and cough, and for the last ten years has had occasional hæmoptysis. Lately he has been losing flesh, and suffering from constant cough and loss of appetite. Had occasional severe diarrhœa some years ago, but of late the bowels have been regular. Has not been subject to pain in

the abdomen. He states that he was quite well until Sunday last (April 7th). Had taken a light supper on Saturday night; and had his usual plain breakfast and dinner on Sunday, containing nothing indigestible. At about 4 P.M., as he was moving about the room, he felt a sudden sense of sinking at the epigastrium, followed by pain about the region of the umbilicus. He felt sick and faint, and sat down, but did not vomit. The pain rapidly grew worse, shooting down from the point of its commencement to the left groin and inner side of the left thigh. It did not affect the testicle, nor extend beyond the knee. He was obliged to flex the thigh, on account of the severity of the pain. The patient says he had not made any effort or strain before the pain came on. His daughter says he had just had a violent fit of coughing. Supposing the pain to be due to flatulence, he took some salts and castor oil; the latter he vomited at once, but repeated the dose in the evening, when the bowels were slightly opened. Had some difficulty in passing urine for a few hours. On April 8th the pain increased, but was more general in character. He had a small dark-coloured motion of the bowels; but towards the afternoon vomiting came on, which in the course of a few hours became stercoraceous, and has continued almost incessantly till the present time. There has been no motion of bowels since the 8th. No diminution in the amount of urine has been noticed.

State on admission.—11 P.M.: Patient is extremely emaciated, almost a skeleton. He has an aged, anxious expression, but there is no appearance of acute suffering. Is very pale; eyes prominent and glistening; surface and extremities cold. He is quite sensible and intelligent, and answers questions readily. The breath has an unbearable sickly sweetish odour; tongue slightly furred, but moist; vomits frequently acid stercoraceous fluid; pulse 120, of good volume. The abdomen is slightly prominent, rather more so on the right side than left; veins on surface very distinct; abdominal walls thin and lax, stretched over distended coils of intestine, which can be distinguished through them. This is most marked on the left side, where the walls feel more tense. There is no marked general tenderness, but deep pressure causes pain, especially in the epigastric and right lumbar and iliac regions. He complains of a dull aching spontaneous pain in the same regions. There is no tumour or hardness to be felt anywhere in the abdomen, though, perhaps, rather more resistance over region of cæcum and ascending colon, but percussion note is perfectly clear everywhere. There is no drawing up of legs. On examination of the orifices the external abdominal rings are very large, and the finger can be passed in some distance; there is no fulness whatever in the canal. There is perhaps slightly greater fulness in the upper part of left thigh than right, but doubtful. No tenderness and no fulness can be felt in either of the regions for hernia. Digital examination of the rectum affords no information.

Was ordered half a grain of opium every four hours, and teaspoonfuls of iced beef-tea and brandy occasionally.

April 11th.—He has passed a restless night, without sleep, vomiting constantly; looks more prostrate; pulse softer, occasionally intermittent. Was seen by Dr. Roberts at 11 A.M., who ordered large enemata twice daily, and ice to the abdomen. Small nutrient enemata to be given, and other treatment to be continued. At 1 P.M. about two pints of arrowroot were injected and kept in for nearly half an hour. When passed it contained two or three small lumps of ordinary fæces. There was much pain at the time, but the vomiting ceased for four hours. At 6 P.M. it returned, and he was ordered half a grain of opium and one-third of a grain of the extract of belladonna every three hours. At 10 P.M. another large enema was given, more than three pints of arrowroot being injected gradually with a long tube. The abdomen became much distended, and patient complained of great pain and tenderness just above the umbilicus; the injection was therefore discontinued. He has complained to-day of some pain in the left lumbar region.

12th.—At about 8 A.M. the patient became altered in appearance; he looks even more emaciated; a slight flush on cheeks this morning; hands and feet cold, clammy, and purplish; body warm and moist; temperature normal. Was drowsy during night; but vomited constantly, and did not sleep. Has been straining at stool, but no motion. Passes water easily, and in good quantity (exact quantity unknown, some being passed with enemas). The abdomen is less tense, and outline of intestines less marked. Slight pain on pressure, but not otherwise. Has now frequent hiccough. At 2 P.M. he was seen by Mr. Erichsen, who explored the various positions for hernia, inguinal, femoral, and obturator, and could find no evidence of the existence of one; nor any hardness or tumour in any part of the abdomen. Mr. Erichsen remarked that the symptoms pointed rather to some contraction or compression of the bowel than to acute strangulation or intussusception, as it was now the sixth day since the obstruction occurred, and there was not more prostration than would be accounted for by the vomiting, and no evidence of peritonitis; and intussusception would have been almost certainly accompanied by the passage of bloody mucus or the discovery of intestine per anum. There was no sufficiently definite symptom to warrant interference by operation, and he therefore advised large enemata of gruel with olive oil, and the internal administration of opium or belladonna.—10 P.M.: Patient seems much weaker; very drowsy, but conscious when spoken to; pupils normal; skin moist; temperature 98·4° Fahr.; hands cold; pulse 100, small, and rather weak; respirations 36 per minute. He is vomiting very frequently, but the odour is rather less offensive. Returns nutrient enemata immediately; no tenderness of abdomen.

13th.—2 A.M.: He is not vomiting so frequently, but strains often at stool. Hands and feet very cold; pulse small and intermittent; temperature in axilla 97·6°. He appears now much more collapsed; is very drowsy; wanders a little; no tenderness of abdomen; passes water well.—10 A.M.: Became speedily more restless and delirious, got out of bed several times, gradually sank, and died at about 10 A.M. The temperature in the rectum immediately after death was 103·3° Fahr.

Autopsy, four hours after death.—Weather warm; rigor mortis strong; great emaciation of the whole body. Abdomen not much distended; everywhere resonant; walls very thin; no subcutaneous fat. Upon opening the abdomen, the transverse colon was seen forming a sharp flexure in the left hypochondriac region; the great omentum drawn up to the left side; the remaining area below was occupied by three transverse portions of greatly distended small intestine, which were much congested, and presented fine capillary injection where in contact, but there was no lymph on the surface. On raising the lower piece of intestine, the bladder was seen rather distended, and to the left side, occupying the recto-vesical pouch, was a great portion of the small intestines, which were pale, very small, and firmly contracted. These appeared adherent at one point to the pelvic wall, opposite the left obturator foramen, the portion above being greatly distended and injected, that below pale and contracted. After dissecting from the front of the thigh, and cutting through and raising the pectineus muscle, some fatty and areolar tissue was removed from over the upper part of the thyroid foramen, and a small hernial sac was then seen occupying its upper part, but not projecting beyond the pubic bone. The portion of the sac seen was oval, measuring ¾ in. by ½ in., the longest diameter transverse; immediately below and to the outer side lay the obturator nerve and vessels. There was no fulness or swelling whatever over the region of the sac, and the muscles were firm and well-developed. Only one side of the intestine was engaged in the sac, just sufficient to close the passage through the bowel, the other side being squeezed and bloodless. The part in the sac was rather deeply congested, but not at all gangrenous; there was no fluid in the sac. The portion of the small intestines above the hernia measured 7 ft. from the duodenum; they were greatly distended, injected, and almost empty; below firmly contracted and pale. Large intestine moderately distended, healthy-looking. Rectum firmly contracted. The mesenteric glands corresponding to upper part of intestine swollen and soft. The hernial sac was one inch and a quarter long; its orifice lay beneath and behind the left lateral ligament of the bladder, from this point passing at first directly forwards along the side of the bladder, and then a little inwards along the course of the nerve. It just admitted the tip of the little finger at aperture, and then contracted to the size of a quill, expanding again somewhat towards the end. The intestine was but loosely held, and was accidentally drawn out during the autopsy, scarcely any force being used.

GREAT NORTHERN HOSPITAL.

EXCISION OF THE HIP-JOINT.

(Under the care of Mr. GAY.)

WE conclude this week the record of the cases of excision of the hip-joint, and append some remarks made by Mr. Gay on the series.

G. B——, aged eleven years, admitted March 20th, 1872, with disease of the hip-joint. Eight years ago he sprained the right thigh by a fall; a year after he began to limp and walk on the toes of the right foot, and to suffer great pain down the outer side of the thigh. Three years ago abscesses began to form on the outer side of the thigh, which broke and discharged very freely. He is a strumous-looking child; thigh flexed and adducted; any movement causes severe pain; shortening has taken place to the extent of three-quarters of an inch. There is a sinus in the groin, another about an inch above the external abdominal ring, a third in the front of the thigh, just below Poupart's ligament. The boy is very thin, and greatly reduced by disease.

He was operated upon the same day; an L-shaped incision was made over the great trochanter, and it and the small portion of the head and neck of the femur that remained were removed. The trochanter was very carious, and in its centre was found a small sequestrum. There was very little hæmorrhage, only one or two bleeding points required to be secured; edges of wound brought together by silver sutures.

March 23rd.—Very little pain since the operation; appetite good, sleeps well, bowels constipated. The limb is placed between sand-bags, and a weight of four pounds attached to the leg. The wound looks healthy. To be dressed with chloralum lotion (1 in 20).

27th.—Wound and sinuses filling up quickly, with but little suppuration, and are looking very well.

April 2nd.—He is progressing very favourably; appetite continues very good, and there is no evident cause for the rise of temperature yesterday to 102·4° F., and to-day to 103·2°.

3rd.—Slight hectic flush on cheek. The temperature fluctuates, four degrees difference between the morning and evening. Appetite not quite so good; a little thirst; tongue slightly furred, and bowels constipated. Ordered two teaspoonfuls of castor oil, and to take a grain and a half of sulphate of quinine every four hours.

5th.—Complains of ringing in the ears; temperature normal.

12th.—The evening exacerbations of temperature are diminishing. Since the 7th has taken the quinine only twice a day. To-day half a grain of sulphate of iron to be taken three times daily. The wound and sinuses looking well, and filling up rapidly.

28th.—Patient fast improving; dressed and out of bed for the first time to-day, the thirty-ninth after the operation.

29th.—Was out of doors to-day; can use crutches.

May 1st.—Can get about well with the aid of one crutch, and bears weight easily on right extremity. Wound nearly healed. The limb is in capital position; the chloralum dressing still used.

6th.—Made an out-patient to-day.

Mr. Gay remarked that in his opinion the removal of the actually diseased portion of the femur, and other diseased bone if practicable at the same time, for disease of the hip-joint, in children especially, is one of the most successful operations to which the surgeon has recourse for disease of the joints. These cases added to others in Mr. Gay's experience confirm this view, and for these reasons—1. Disease of the hip-joint usually called "strumous," when once set up, generally runs a very long course, extending from the head of the femur, where it usually begins, not only to the acetabulum but to adjoining bones, the ilium, ischium, and pubis, and, if left to nature, either kills the patient, or in the event of recovery leaves him with deformity of the highest order—flexion and adduction often to the greatest possible extent, more or less considerable shortening and wasting of the limb, and spinal curvature. 2. The removal of the upper extremity of the femur, so far as it is absolutely diseased, involves the removal of the whole of the primary disorder; thus relieved, the secondary disease—that of the acetabulum and contiguous bones—is ready for the most part to effect its own reparation. This is shown by the results of these and other cases. The wound made in the operation heals readily, and usually the remaining portion of the femur becomes rapidly and soundly anchylosed with the acetabulum or other parts with which it comes into proximity. It would thus appear that the healing process set up in the healthy shaft of the femur expedites the reparatory processes in the diseased bone with which it comes into contact, whilst disease in the bones around the joint is far less rapid in its recovery. A straight limb, moderate shortening, and a normal spine follow; but these in proportion only (with the exception of the shortening) to the advance and extension of the disease in the bones both primary and secondary. Washing out the wound freely with sulphurous acid appears to favour the after progress of the case as far as the healing process is concerned, also the injection of lazy sinuses with the same agent. If dead bone is met with at the bottom of any sinus after remedial anchylosis has been established, Mr. Gay recommends it to be broken up by means of a strong iron probe, or such an instrument, and that the fragments be left in the sinus. Sand-bags and a weight appended to the foot are preferred to any kind of splint or other apparatus.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.

POPLITEAL ANEURISM CURED BY FLEXION.

(Under the care of Dr. W. H. STEPHENSON.)

THE notes of the following case of successfully treated aneurism of the popliteal artery have been forwarded to us by Dr. John Maunsell, house-surgeon:—

George P——, aged thirty-four, a labouring man, of healthy appearance and sanguine temperament, was admitted into the infirmary March 30th, 1872, with a pulsating tumour in the popliteal region. Nine years ago he had an attack of acute rheumatism. Does not remember having received a blow or other injury to the leg. The first symptoms commenced about two months ago, in January, when he experienced great pain in walking, with a peculiar numb and dragging sensation in the calf of the leg, "as if the leaders were affected." The pain was particularly severe at night, and greatly increased by rainy weather. No tumour or pulsation attracted his attention, and, applying for medical advice, he was treated for rheumatism. He continued to follow his occupation for a month; after this the pain became so constant and unbearable that he was obliged to give up work; he then noticed the tumour, but did not seek admission to hospital until another month had elapsed.

On admission the man had a haggard and careworn expression, due to the constant suffering; otherwise his general health seemed to be unaffected. In bed he lay with the affected leg, the right, upon its outer side, and flexed upon the thigh at an angle of about 20°. He said that this was the easiest position, and that he had been unable for more than a month to keep it in any other. The right knee-joint was swollen, and the veins over it were very prominent. In the popliteal region there was a tumour, the pulsations of which were plainly perceptible even to the eye. It was somewhat larger than a hen's egg, occupying the whole space, and extending downwards; the pulsation was of the usual distensile character, synchronous with the heart's beat, stopping when pressure was applied to the femoral of the same side, and accompanied by a distinct bruit. There was nothing abnormal discovered with the heart or any of the other vessels.

It was determined to treat the aneurism by flexion. On April 3rd the method was put in practice. The leg was first bandaged from the foot upwards to just below the tumour; the limb was then flexed upon the thigh as much as possible—until, in fact, the heel was in close proximity to the buttocks,—and freely retained there by a figure-of-8 bandage between the leg and thigh. Great pain was complained of, and to relieve this hypodermic injections of morphia were given. The patient was told to keep perfectly quiet, and he was put upon milk diet. The limb was retained in this position for forty-eight hours; examination

at that time disclosing the fact that pulsation had entirely ceased, the bandage was removed, and the leg was wrapt in cotton-wool and laid on the outer side, the flexed position being still maintained as much as possible.

From this date everything progressed favourably; the report on April 15th, the eleventh day after, stated that the uneasy sensations of heat, tingling, pricking, &c., always supervening in such cases, had almost passed away; that there was no pulsation in the tumour, the swelling of the knee was greatly diminished, and the expression of the countenance much improved. On April 21st he was allowed to get out of bed; he was then able to walk with a crutch, though considerable thickening remained in the region of the tumour. The patient was kept in hospital a month longer, until May 20th, when he was able to move his knee with more freedom than on admission, and could walk some considerable distance with the aid of a stick, and without any pain. He was seen on June 10th; the thickening had almost disappeared, and he was in every way progressing satisfactorily.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 24TH, 1872.

SIR WILLIAM GULL, BART., M.D., F.R.S., IN THE CHAIR.

DR. BROADBENT related a case in which Tumours in the Occipital Lobe and in the Posterior Ascending Parietal Convolution of the Right Hemisphere had given rise to Convulsion and Paralysis of the Left Half of the Body. The patient, a bootmaker, aged sixty-five, was admitted into St. Mary's Hospital on Oct. 15th, 1871. He had been in good health up to Oct. 7th, when he had convulsive movements of the left arm; afterwards he had pain in the head; and on the day before his admission the entire left half of the body was violently convulsed, and he was sick, but never lost consciousness. The convulsions ceased in a few days, leaving the limbs incompletely paralysed, and sensation was diminished. Afterwards he had painful nervous shocks in the left arm and leg, but they gradually recovered power, till on Nov. 10th he had pain in the head, and torpor, gradually deepening into coma, came on. He regained consciousness, however, after the application of a blister to the forehead, but remained very weak, and the paralysis of the left limbs was almost complete. He died on Nov. 30th. His mind was quite clear, except for a short time. The back of the eye could not be examined on account of opacities in the lens. The gliomatous tumours were found: one about the size of a cobnut in the upper part of the second ascending parietal convolution of the right hemisphere, projecting from its surface; the other, about the size of a small orange, was embedded in the occipital lobe, not appearing on the surface at any point. Dr. Broadbent thought the tumour in the parietal convolution was probably the cause of the unilateral convulsion and paralysis. Interesting points in the case were—the short time during which the symptoms had existed, only seven weeks; the instant relief of stertor when the patient was turned on his side, as recommended by Mr. Bowles, of Folkestone; and the recovery from coma after the application of a blister to the forehead; the tumours of course remaining, and probably increasing.

DR. HUGHLINGS JACKSON thought the case of great importance, and specially interesting as regards the localisation of changes ensuing in epileptiform seizures of different varieties. He agreed with Dr. Broadbent that in all probability the hemiplegia resulted indirectly from the anterior of the two tumours, mentioned a case in point, and referred to one that he had recently examined, in which a tubercle, the size of a hazel-nut lying on the third right frontal convolution had been associated with epileptiform seizures beginning in the left thumb. The absence of mental symptoms was another interesting point in Dr. Broadbent's case, for it was well known that much of one cerebral hemisphere may be destroyed without the occurrence of any obvious mental derangement, although the exact locality has to be considered. Dr. Charlton Bastian had brought evidence to show that the posterior lobes are the parts concerned in the highest intellectual operations. Rosenthal had remarked that the psychical disturbances are incomparably more frequent in tumours of the posterior lobes. Dr. Jackson had arrived at the conclusion that the *right* posterior lobe is more important in mental operations than the left, and the *anterior* on the left is more important than the anterior on the right side. But he admitted that Dr. Broadbent's case told strongly against this hypothesis.

THE PRESIDENT related brief particulars of a case in point, in which the senses were entirely perfect throughout. The patient was seized with spasmodic twitchings of the left arm and leg, which came on at irregular intervals. Coma and death occurred fourteen days after the commencement of the first attack, and an encysted abscess was found in the anterior lobe of the right hemisphere of the brain.

DR. ANDREW read a paper "On wide Daily Range of Temperature in connexion with Vegetations on the Mitral Valves (rheumatic disease) and Separation of the Spleen." Wm. Henry C——, aged sixteen, was admitted into Victoria-park Hospital, under the care of Dr. Andrew, on Oct. 27th, and died on Dec. 6th, 1871. He had had a severe attack of rheumatic fever two years previously, and had never been well since; he had a slighter attack three weeks ago. On admission, he had still pains in the hips; was very pale and thin; pulse 120; tongue coated. His appetite was bad, and he was thirsty. The bowels were confined. He had a slight hacking cough. The dyspnœa was generally worse at night. The urine was of specific gravity 1020, containing a trace of albumen, which was never again found. The lungs were normal. The heart was greatly hypertrophied. A blowing systolic murmur, loudest at the apex and towards the axilla, was also heard posteriorly. The liver was slightly, the spleen greatly, enlarged. For the first ten days after admission the evening temperature ranged from 103° to 105°, the morning temperature from 98° to 101°. He had a slight attack of tonsillitis, and for two days the temperature remained at 103-104°. After this, the daily variation returned and gradually diminished, the minimum rising and the maximum falling; on the whole, however, the mean temperature was somewhat increased. On Dec. 1st, the temperature began to fall, rising again for a few hours on the 4th. On the 6th, an hour or two before death, it was only 94°. At the post-mortem examination, nothing was found except the disease of the heart and of the spleen, with one or two small fibrinous wedges on the kidneys also. The spleen grew larger for some time after admission, the gradual diminution in the daily variation of temperature coinciding with the subsequent gradual decrease in its size. The microscopical examination of the blood showed no increase of white corpuscles, but a pale, shrivelled state of the red discs. The prominent features of the case were dyspnœa, without any physical evidence of pulmonary or pleural change, the extreme anæmia and muscular weakness, the constant drowsiness, and the absence of rigors and of any form of delirium. He seemed to die at last from cold.

DR. WILKS, in commenting upon the great importance of and interest attached to these cases, expressed his belief that arterial blood-poisoning was by no means of uncommon occurrence, and referred to two cases which had been seen by Sir William Gull and himself, in which symptoms allied to those of ague and also of acute rheumatism existed, but the temperature was not taken. He reminded the members that Kirkes refers to the fact of large portions of these growths, from the cardiac valves plugging the large vessels, as the middle cerebral artery, and small portions blocking up the capillaries, producing in the one case paralysis, and in the other infarction. If with ranges of temperature as described in Dr. Andrew's case, signs simulating ague occur, it is proper to suspect arterial mischief.

DR. CHOLMELEY quoted the case of a girl supposed to have acute rheumatism, in which the variations of temperature were remarkably frequent, but no cardiac lesion of any kind existed.

DR. DOUGLAS POWELL asked the author of the paper if anything transpired at the post-mortem examination to enable him to fix in any way the corresponding dates on which the embolism and the temperature variations occurred.

THE PRESIDENT remarked that capillary embolism was one of the most important features of modern pathology.

Dr. HUGHLINGS JACKSON mentioned a case of right hemiplegia, with loss of speech, which was attended with periodical rigors, and thought to be ague (the ague causing the hemiplegia), but the latter was found to be caused by blocking of the middle cerebral and infarcts in the spleen.

Dr. ALTHAUS asked if the spleen increased in size during the patient's stay in hospital, and related brief particulars of a case of endocarditis accompanied by a remarkable range of temperature.

Mr. GEORGE LAWSON observed that in cases of pyæmia large doses of quinine invariably diminish temperature, but that no ultimate benefit accrues to the patient from its use.

Dr. WEBER said such cases as that described by Dr. Andrew were comparatively frequent, and that many cases of so-called rheumatic fever were in reality those in which minute embolisms had occurred, and mentioned two instances—one of embolism in the lungs and spleen, and the other of tonsillitis, with repeated attacks of pneumonia.

Mr. CALLENDER asked if the dates of the deposits could be at all conjectured in examining the spleen.

DR. ANDREW said, in reply, that there was no doubt of an increase in the spleen corresponding with the rise of temperature, and *vice versâ*. Statistics of temperature, however, ought to be studied cautiously, for, possessing now an enormous number, he found great diurnal variations in many of them without any obvious cause.

Mr. THOMAS SMITH read a paper "On a Case of Strictured Œsophagus, for which Gastrotomy was performed." The patient, A. B——, aged thirty-eight, was under Dr. Black's care at St. Bartholomew's Hospital. He had suffered from difficulty in swallowing for eight months. For a fortnight before admission he could take no solids, and for a week (as he said) no food of any kind. Treatment by bougies proved of no avail, as nothing would pass the stricture. There was no external evidence of disease of any kind; no swelling, tenderness, or pain; no expectoration of blood or matter. On March 21st, 1872, gastrotomy was performed, and an india-rubber tube was introduced. Through this tube he was fed. The patient went on well for four days; and then was troubled by cough, which seemed to set up peritonitis, of which he died at the end of a week. On examination after death, the cause of obstruction was found to be a ring of epithelial cancer, surrounding the œsophagus opposite the bifurcation of the trachea, producing complete obstruction, and involving the pneumogastric nerves. The stomach was firmly adherent to the skin and to the parietal peritoneum. Death was caused by peritonitis. Mr. Smith remarked that in this case the operation had been done under circumstances as favourable as were ever likely again to occur. The patient was not excessively exhausted. There was nothing in the local disease to have caused or even accelerated his death at the time when that occurred. The operation was easily performed. There was no failure in the process of union afterwards, and no hindrance to the administration of food; yet the case terminated as have all cases of gastrotomy for obstruction of the œsophagus. The author stated that there were now twelve recorded cases, all of which had ended fatally; and he expressed an opinion that, with our present experience of the dangers of the operation, it ought not to be undertaken when death is imminent from any other cause than starvation.

Mr. MAC CORMAC gave the particulars of two cases in which Gastrotomy had been recently performed in St. Thomas's Hospital for œsophageal obstruction. In the first case the patient was operated upon by the author on March 19th. He survived forty-five hours. In the other, Mr. Le Gros Clark operated on May 7th, the patient living for six days afterwards. H. S——, aged forty, was admitted to St. Thomas's Hospital under the care of Dr. Clapton. Up to the commencement of the present illness, about twelve months before, he had enjoyed excellent health. No history of syphilis or of cancer was obtained. One day he suddenly experienced difficulty in swallowing. This difficulty, with periodical remissions, steadily increased until he sought hospital treatment. On admission, he was weak, emaciated, and scarcely able to swallow even small quantities of fluid. He did not complain of pain except when trying to swallow food, but the effort to do so always induced most distressing retching and cough. There had never been either pus or blood in the discharges. After consultation it was deemed expedient to try to feed the man through an artificial opening made in the stomach, through the abdominal wall. Accordingly, at 10 o'clock on March 19th, Mr. Mac Cormac made an opening into the stomach, securing the cut edges of the viscus to the wound in the abdominal parietes by means of interrupted suture. The patient bore the operation well. There was no shock, and the vomiting and cough completely disappeared, giving him very marked relief. Food was introduced into the stomach by an india-rubber tube with a funnel, which allowed the fluid to gravitate into the organ. Surgical interference came too late, however, to make any material change in the patient's condition. It did not, perhaps, hasten his end; but he became weaker, and died on May 21st, forty-five hours after the operation. An examination after death showed that a cancerous stricture existed low down in the œsophagus, and that by the spread of the disease, the lung, in which was found a gangrenous abscess cavity, had become seriously implicated. The edges of the stomach were glued by lymph to the parietes, and in the abdominal cavity there was no trace of peritonitis.—In Mr. Clark's patient, the antecedent history was very similar to that of the last. Difficulty of swallowing suddenly appeared during eating, and this steadily increased until he came to hospital, when he finally became unable to swallow almost anything. Some attempts were unsuccessfully made in each case to pass a small elastic bougie. After consultation, the operation of gastrotomy was performed by Mr. Clark on May 7th. Food was first introduced into the stomach thirty hours after the operation. The patient experienced great relief for four days by reason of the cough and efforts to vomit completely ceasing; but then the cough returned, the adhesions partly gave way, and he died six days after the operation. Very extensive epithelial disease was found in the œsophagus, and an ulcerated opening had been formed between it and the lower part of the trachea. There was some peritonitis, but it was limited to the neighbourhood of the wound. Mr. Mac Cormac considered that the operation itself was not necessarily dangerous, and that the relief from the great distress, inducing coughing and retching, caused by futile efforts to swallow, which was observed in a marked degree to follow the operation in both these cases, was encouraging. Even although the operation only prolonged life a little, it seemed possible to give great comfort by it, just as in a similar way the operation of colotomy gave great relief in cancerous disease of the rectum. He did not consider that surgeons were as yet quite in a position to decide whether or not gastrotomy was a proper operation to perform for impassable stricture of the œsophagus. He thought further experience, especially of operations performed in an earlier period of the disease, desirable, and would not on another occasion hesitate to perform gastrotomy in a suitable case.

The PRESIDENT remarked that the question of easy death was one worthy of consideration.

Dr. WILKS said he was sorry that all such cases terminated badly. As far as he knew, when the operation was performed cancer was always found to be the cause of the œsophageal stricture.

Mr. THOMAS SMITH agreed with Mr. Mac Cormac as to some encouraging aspects of the operation, and believed that the great drag on the abdominal wall was a very serious obstacle, as well as coughing, which shook the patient terribly. In conclusion, he expressed, facetiously, very grave doubts as to the authenticity of cases recorded in which the patients had swallowed foreign bodies, such as knives &c., and which were said to have been extracted by operation successfully.

This meeting concluded the business of the session.

DONATIONS, &C., TO MEDICAL CHARITIES.—Mr. William Lamb, of London, bequeathed £14,000 to the Lord Provost and Magistrates of Glasgow, the annual income from which is to be distributed equally between the Royal Infirmary, the Blind Asylum, the Deaf and Dumb Institution, and the industrious poor. Mr. Richard B. Perry, of St. John's Wood, bequeathed £2000, 3 per Cent. Reduced, to the Middlesex Hospital, and £1000, same Stock, each, to the St. Mary's Hospital and the Westminster Hospital. The Royal Westminster Ophthalmic Hospital has received a third £1000 from "W. R. T." The Victoria Hospital for Sick Children, Chelsea, has received a second £1000 from "W. T. B."

Reviews and Notices of Books.

Handbook of Law and Lunacy; or, the Medical Practitioner's complete Guide in all matters relating to Lunacy Practice. By JAMES T. SABBEN, M.D., F.R.G.S., and J. H. BALFOUR BROWNE, Esq., of the Middle Temple and Midland Circuit, Barrister at Law. London: J. and A. Churchill, New Burlington-street.

THIS is a kind of book which is very independent of reviewers. It purports to meet a very common and urgent want, felt by both medical men and lawyers, of information as to the forms and processes of law to be observed by them in regard to cases of insanity. Every medical man, especially, is liable to be thrown at any moment into very responsible professional relations with the insane, and to need quick and exact information as to his duties and his powers. The work before us is meant to supply that need. It discusses, in successive chapters, the following points:—The examination of an alleged lunatic; the removal of insane persons to asylums, (1) in the case of private patients, (2) in the case of pauper lunatics; commission of lunacy; visitation of lunatics by medical men, (1) in private dwellings and workhouses, (*a*) private single patients, (*b*) pauper patients; (2) in asylums, (*a*) in licensed houses, (*b*) in public asylums. The last chapter is devoted to a few hints on the duties of medical men in courts of law.

The experience of Dr. Sabben as the proprietor and medical superintendent of a large asylum eminently fits him for doing the medical part of such a book, and Mr. Browne, on the legal side, is, we believe, not without some special qualifications for his share of the work. In the possession of this book a medical man could not often be at a loss to know the principal points of his duty in any emergency. The duty has this peculiarity, that, to be legally and properly discharged, attention must be given to minute details which are carefully specified and illustrated in the various chapters of the work. All the scientific knowledge of insanity in the world would not suffice in legal processes for attention to points of law, and it is chiefly these that are apt to be overlooked or disregarded by medical men to their own inconvenience, and often to that of the patient. The leading features of the various forms of insanity are given in the third chapter. The usefulness of the work is greatly enhanced by a clear and copious index, facilitating ready reference to any point.

The chapter on the duties of medical men in courts of law is capable of both improvement and development. There is no kind of medical duty more difficult than that of rightly estimating sanity in a doubtful case, and estimating the responsibility of the patient for acts, perhaps criminal. After estimating these points, there remains the equally difficult duty of conveying to laymen, whether judge or jury, the medical importance of the facts, so as not to throw scientific observation and common sense into antagonism with each other. There have been many unfortunate and unseemly exhibitions of this antagonism in courts of law. And we fear they are inevitable until medical science has accumulated a larger basis for its doctrines of insanity, and until lawyers and the public learn to regard many wayward acts as essentially morbid rather than criminal. Dr. Sabben justly lays great stress on clinical facts, and a constant reference to cases of a similar kind. This is what will tell most with a jury.

"The whole of the practical knowledge of life," says the author, "is founded upon the experience of analogous cases; and if a medical man desires, as every witness should, to make the matter clear to the minds of a jury, who are there to try the case armed with a practical knowledge of the affairs of life, and nothing more, it is well that they should adopt that kind of mental process which will be most familiar to them, and will best enable them to appreciate the difficulties and intricacies which are very often involved."

In subsequent editions, to which we confidently look forward, a chapter might be devoted to the discussion of those doubtful cases or minor degrees of insanity in which the question of sending the patient to an asylum is really difficult, and it would be well to illustrate it by cases which have been wrongly sent. More information might be given too in Chapter IV. as to the class of cases in which a Commission of Lunacy is properly to be petitioned for. Such additions would make the book still more interesting to medical men. But as it is, it must prove a very useful addition to the library of every practitioner.

On the Inductive Philosophy; including a parallel between Lord Bacon and A. Comte as philosophers. By A. ELLEY FINCH. With Notes and Authorities. London: Longmans. 1872.

THIS discourse should be bound up with the celebrated Inaugural Address of Mr. J. S. Mill when installed as Lord Rector of St. Andrews University. Mr. Finch is an accomplished scholar and a *savant*—a man of letters as well as a man of science,—and the expression which he gives to his reasonings is as lucid and elegant as these latter are acute and just. Those of the profession who have had no strictly philosophical training would do well to peruse, first Mr. Mill's masterly survey of the domain of knowledge, and then take up Mr. Finch's exposition of how that domain became defined as well as extended, and of how it is destined to make still further accessions to its area. Mr. Finch is far too well read a man to countenance the vulgar error as to the paternity of the inductive philosophy. "If there be anyone who could be rightly regarded as the father of that philosophy," he says, "it is Aristotle himself." He it was who first conceived and announced its primary principles, proclaiming with a clearness never yet excelled that facts derived from observation and experience are the only grounds of real knowledge, and that our ideas, even the most abstract, have their origin in our sensations. Mr. Finch, moreover, acutely surmises that a "probable cause why the analytical and encyclopædic intellect of Aristotle never proceeded practically on the inductive method was owing to the physical sciences not being in existence, fitting instruments of research uninvented, and laws of nature nearly unknown." He then goes on to estimate Bacon's contributions to philosophy, a task for which he draws largely and judiciously on the admirable monograph of Dr. Kuno Fischer, "Franz Baco von Verulam." Next he shows the advance Comte made on antecedent science, in the philosophical application, that is to say, of the inductive theory to the explanation of the phenomena of science and morals. It is now the faith of the inductive philosopher that, in the moral as in the physical world, there can be nothing anomalous, nothing unnatural, nothing mysterious, but that all is order, symmetry, and law; he looks forward with confidence to the time "when the most irregular and apparently inexplicable occurrences will be explained, brought within the scope of scientific treatment, and under the domain of law." We call the attention of our forensic friends to this sentence; and that of our theological brethren to the following: "No one competent to the task could conceive the compilation of a complete code of morals that should ignore physiology; or contend that vice and virtue have no connexion with health—health being a subject confessedly dependent on the observance of natural law; the theological theory of disease becoming gradually stamped out by statistics, the grand inductive weapon of sanitary science." The chief *momenta* of Mr. Finch's ex-

position are supported in the appendix by a vast array of reference, scholarly and scientific; and we could devise no exercise more profitable to the student than the careful mastery of these *momenta*, the verification of the authorities appealed to, and the estimate of their validity and relevance.

Science Primers: Chemistry, by Professor ROSCOE; Physics, by Professor BALFOUR STEWART, F.R.S. London: Macmillan and Co. 1872.

WE are much pleased with the two samples of these science primers. They are quite what they profess to be. The authors have sought to interest the mind, and develop the powers of observation, by presenting a series of simple experiments that lead naturally, as it were, up to the truths of each science. We are convinced that this is by far the best, as it is in reality the only correct, method of procedure. A teacher taking some two or three simple experiments as a text can so analyse and contrast the phenomena as to leave no doubt of his meaning. These primers supply a want, and if those to come be equal to those before us they will assuredly prove as successful as they deserve to be.

PROFESSOR HUMPHRY'S LECTURES ON HUMAN MYOLOGY.

Delivered at the Royal College of Surgeons, June, 1872.

LECTURE I.

THE Professor, in commencing his first lecture, announced his object to be to review the muscular system of man from a morphological and teleological point of view. We should always seek to know how a structure is formed, and why it is formed. What are the impulses to development we know not, and we have no right to dogmatise upon them. Whenever movement is required, muscular fibres are formed adequate to the purpose. But that need for movement is not a stimulus to development. The muscles of respiration are all developed of the exact size and number and position necessary for effecting the required movements of the chest before those movements begin. Moreover, each fibre is formed of length proportioned to the range of required action. The range of contraction is about a third of its length, and the extent to which any given point can be moved measures about a third of the length of the muscular fibres which effect the movement. Although parts of the individual fibres only act successionally, this does not seem to be the case with the separate fibres, which are banded together in synchronous action by nervous agents. Hence the fibres converging on a given tendon are usually of equal length, allowance being made for the position of the muscle. All the fibres acting through the tendo Achillis are about two and a half inches in length, and the range of movement of the tendon is rather less than one inch. A variety of arrangements are provided for economising muscular action, that the effect of a given muscular contraction may be as great as possible. This may be taken in connexion with the fact that a given muscular fibre contracts in only part of its length at a given time, and if the uncontracting part is not able to resist the same tension as the contracting part—if, for instance, the fibre is a long one and the amount of contraction considerable—rupture may ensue. Hence we find various provisions for shortening the necessary range of action. Muscles are usually inserted near the centre of motion, the power thus sacrificed being more than compensated for by the velocity gained. This is well illustrated by the direction of the fibres of the intercostal muscles, and this is also why we so often find fibres of muscles crossing from their origin to their destination, as for instance, those of the pectoralis major, the clavicular portion of which is inserted lowest into the humerus, the pectoral part highest, the influence of which in different positions of the humerus is obvious on consideration. Another way in which a great amount of movement is obtained from a certain amount of contraction, consists in the passage of the tendons through certain bands or ligaments, before reaching their destination. This is well seen in the biceps flexor cruris of the bird. In a muscle passing in a straight line between the two parts, much greater contraction would be necessary. By the medium of tendons a greater number of fibres can be brought to bear upon a given point, and this is rendered practicable by the diminution of the range of movement. Muscles inserted near joints are nearly always contracted to tendons in passing over them; hence the enlargements of the ends of the bones requisite for security can be obtained without undue enlargement of the size of the limbs, and the muscular fibres themselves can be packed into a convenient position, as in the calf of man. It is a general rule that the muscular fibres are packed towards the trunk. This is well seen in birds.

In considering the disposition of the muscles of the trunk it is necessary to remember that the osseo-muscular system consists of a series of alternating membranous or skeletal and muscular planes. These in the fish constitute the great lateral muscle, but they undergo great variety of disposition in different animals. The skeletal planes may chondrify or ossify, and be converted into various parts of the trunk, vertebræ, ribs, &c., or they may be obliterated by increased development of muscular fibres. Two lateral lines divide the dorsal muscle of the fish into two parts, corresponding respectively with the dorsal and ventral muscles of our own trunks. Dr. Humphry has tried to show that certain prolongations of the angle of the intermuscular septa in the fish, which are not unfrequently tendinous, correspond to the tendons of our own dorsal muscles. These muscles in ourselves are interrupted below by the pelvis, and above by the skull, but in tailed animals they pass backwards into the tail; and in the Lepidosiren they are not interrupted by the skull, but pass onwards, and are confluent with the temporal and masticatory muscles, showing that these are really prolongations of the dorsal muscles, and giving an argument in favour of the view that these lateral fossæ of the skull really correspond with, and are a continuation of, the lateral grooves between the spinous and transverse processes of the back.

Some better classification of the muscles of the back is much to be desired for the sake both of the student and of the teacher; but the fact that they are really one imperfectly segmented dorsal muscle renders any precise division impossible. Still they may be classed in three strata: firstly, a superficial stratum, composed of muscular fibres passing obliquely from the spinous to the transverse processes; secondly, a series in which the muscular fibres pass vertically from one point to another nearly corresponding point in the vertebral column; and thirdly, a deeper series, in which the muscular fibres again pass transversely and obliquely, the direction of the obliquity being opposite to those of the superficial set. In the second stratum may be placed the *interspinales* (lumborum, dorsi, cervicis, capitis), and *inter-transversales* (dorsi, &c.) The large group of the erector spinæ is sufficiently characterised by the word *spinales* (dorsi, cervicis, &c.); *transversalis* should be substituted for longissimus dorsi, and instead of sacro-lumbalis, the German term *ilio-lumbalis* (dorsi and cervicis) may be employed. Some of these are not well distinguished from the deeper oblique muscles described as passing from the transverse to the spinous processes, and therefore called *transverso-spinales* (dorsi, cervicis, and capitis). The superficial ones take the opposite direction, and may be called *spino-transversalis* (obliquus inf., splenius, colli, and capitis).

The ventral system of muscles, in front of the lateral line, presents much greater deviations from the simple type than do the dorsal. Still the transverse septal remnants of the primitive skeleton are represented by the inscriptions on the rectus abdominis, the sterno-hyoid, and occasionally on the omo-hyoid, and the ossification of certain septa constitutes the ribs, the limb girdles, and the hyoid bone. The ventral muscles may, however, be divided into three strata, corresponding to the strata of the back muscles. First, a superficial stratum corresponding to the external oblique, and continued upwards as the pectoral, latissimus dorsi, trapezius, and sterno-mastoid, and downwards as sartorius, tensor vaginæ femoris, gracilis, and gluteus. There is,

secondly, a middle stratum corresponding with the internal oblique, and continued forward as external intercostals, and the muscles passing from the ribs to the deeper parts of the scapula and forwards from the scapula to the head and from the ribs to the clavicle, and downwards, interrupted by the pelvis, but still traceable as the erector penis, accelerator urinæ, coccygeus, and internal sphincter. Thirdly, there is the deeper stratum, corresponding with the transversalis muscle, internal intercostals, and part of the diaphragm. In the pelvis it is interrupted, but appears again, converging on the bowel, as the levator ani. This layer in the cryptobranch forms one continuous sheet of muscle, which covers the whole of the under surface of the vertebræ, the inner surface of the abdomen, lines the thorax, and is continued forward to the head. In mammals it remains on the anterior surface of the lumbar vertebræ, constitutes the crura of the diaphragm, the internal intercostals, the longus colli, and the rectus capitis anticus major. In the middle part of the abdomen the fibres of the great lateral muscle are disposed longitudinally, and constitute in the fore part of the abdomen the rectus and in the back part the quadratus lumborum and psoas. The tendinous intersections in the rectus are not to be regarded altogether as representatives of the ribs, but rather of those skeletal structures from which ribs are liable to be formed. They have often been subjects of discussion, and the object gained by them is apparently the same as is served by the tendinous intersections in the muscle of the fish—to effect a shortening of the muscular fibres, and so to prevent too great a strain on their uncontracted portions. Still it is not easy to explain why there should be two above the umbilicus and one or none below.

The intercostal muscles in the thorax have somewhat the characters of the ordinary lateral muscle of the fish, but are modified in order to subserve the purposes of respiration. The problem of their mode of action cannot yet be regarded as completely solved. We have to bear in mind that each rib is not a plane, but an arc of a circle, rather larger than the one above, and each thus yields a better leverage than that above it. We may regard the several intercostal fibres as passing from the upper rib downwards, interrupted, it is true, by the several ribs. Their action on the ribs is greater as the circle described by the ribs is greater, and this attains its maximum about the eighth or ninth rib; there we have the greatest transverse diameter of the chest, and the greatest movement of the lungs. It is here also that there is a counteracting influence at work in the diaphragm tending to draw inwards the ribs. The difficult question still remains—why the external intercostals extend a certain distance and then cease, and why the internal extend a certain distance towards the posterior part and then cease?

For further elucidation of these views the Professor referred to papers recently published by him in the *Journal of Anatomy and Physiology*, and to his "Observations on Myology."

THE CRYSTAL PALACE AND BRIGHTON AQUARIA.

IF anyone wishes to spend an agreeable afternoon, to experience the pleasure of a new sensation, and to find, however "used up" he may be, a place at last with something in it, let him take the High-level and visit the Aquarium at the Crystal Palace, which is now in excellent working order. It is situated at the northern end of the Palace, and occupies a portion of the site of that part of the building which was burnt down some years ago. The total length of the aquarium is nearly 400 ft., with a width of 70 ft.

Beneath the building, which is only one story high, is a capacious reservoir for containing sea-water. Above this is a large saloon containing on one side eighteen or twenty tanks, holding from 400 to 4000 gallons each. On the other side of the saloon are two rooms containing table cases, more resembling the aquaria hitherto seen in private houses; and besides these there is a naturalist's room and an entire series of tanks, not open to the public, for the preservation of duplicate specimens. The animals are examined under very favourable conditions by the visitors. The water is singularly clear, and as the light comes from above, while the spectator looks through the plate-glass forming one side of the tank, every movement and every point of form and colour are distinctly visible. Each tank contains a particular group of animals, and there is no overcrowding of specimens. In the first are some splendid Actiniæ; the Actinolobeæ, Sagartæ, and Bunodes exceeding in size and beauty any we have elsewhere seen. In the next are some fine Sabellæ, rooted in the sand, with their elegant plumes, in themselves a study. Then comes a tank peopled with cod, plaice, soles, turbot, and skate. The movements of these flat fish, so difficult to watch under ordinary circumstances, are here easily observed; the sole and turbot are seen to mount to the surface with as much facility as the cod or whiting, and to leap as lightly from rocky ledge to ledge as a bird, whilst the stealthy gliding motion of the skate, feeling as it were every part of the surface it traverses with its sensitive fin rays, is most interesting. Then there is the great Octopus and some Eledones, the former hiding when we watched him, but the latter very lively, with a curious wriggling movement of the arms, not suggestive of pleasant sensations if they happened to have attached themselves to the body. Here, too, the habits of the crayfish and lobster may be watched, with their long antennæ and formidable aspect. Further on we come to the lumpfish, amongst the most faithful of pairing fishes, one of the partners building a nest and tending the young. Its curious ventral sucker is easily observed in action. Then come some exquisitely beautiful grey mullet, and green and blue striped wrasse, the drawings of which in "Couch's History of British Fishes" seem so bright as to be fanciful sketches, though here shown to be not a whit beyond the reality. Besides these there are to be seen the stickleback, the sea-bream, and a lovely gurnard, with fins not distantly resembling those of the peacock butterfly; gobies and blennies, hermit crabs, shrimps, prawns, barnacles, whelks, ascidians, and various polyzoa and starfishes complete the list.

Very few people can appreciate the trouble and expense required to form a large aquarium such as this, and the numerous difficulties that have to be overcome to maintain it in good working order.

In the first place, the tanks themselves must be of appropriate size, and must be constructed of material that will neither be corroded by the salt water, nor, if partially dissolved, prove injurious to the contained animals. The amount of light admitted must be carefully regulated, many creatures apparently disliking light, either from fear of exposing themselves to the attacks of enemies, or from being themselves nocturnal feeders. Hence the rockwork must have deep clefts and crannies where they may conceal themselves.

In the next place, incessant change of well-aerated water is necessary, and this is provided for here by a four-horse engine, which pumps up fresh supplies from the main reservoir holding 80,000 gallons, and distributes it by a system of vulcanite tubes, under considerable pressure, so as to force a large quantity of air in the form of minute bubbles through all the tanks. The main bulk of the water is thus kept cool and in darkness, preventing the undue growth of algæ, which would soon render it turbid and unfit for many of the more active creatures. The presence of a certain amount of vegetation, however, is well known to be of extreme importance in maintaining the health of animals preserved in confinement, and experience has shown that it is wholly unnecessary to introduce growing algæ into such tanks, a much superior growth of confervæ and algæ, because spontaneous, and therefore adapted to the existing conditions, soon appearing.

Then great difficulties are experienced in the capture and conveyance of animals of right size, in good health, and in sufficient variety. The company have a large marine pond in communication with the sea at every tide and serving as a store at Plymouth, a second reservoir at Southend, and supplies are also obtained from Weymouth, from Menai, from Tenby, Ilfracombe, and even from the Channel Islands. The principal cause of the failure of the smaller house aquaria, for which there was such a mania some years ago, was the desire of the possessors, when they had got

them into good working order, to put in just one or two more specimens of special beauty or rarity. The last straw broke the camel's back, and one after another of the favourite specimens died, and the aquarium soon became a mass of putrescence, and was handed over to the housemaid or gardener to be used as a cover to a fern or orchid.

Lastly, no slight difficulty consists in providing proper food for so many and such voracious animals. The cod, in fact, almost require a separate tank on this account alone, since their activity enables them to deprive all the more torpid creatures of their due supply, whilst their size and rapid growth cause them quickly to vitiate the water. The anemones again, which number more than 5000, each require a fragment of mussel at definite intervals, which it is the sole duty of one attendant to give. The removal of the undigested or unconsumed fragments, and of dead or dying animals, is also a matter requiring constant attention.

Upon the whole the aquarium, though yet in its infancy, and obviously capable of great development, is full of interest, and, as we have already said, is well worthy of a visit even from those least interested in natural history.

The aquarium at Brighton is a much more pretentious building. Though a few tanks were opened during the recent visit of Prince Arthur to the town, it is at present closed to the public. Through the kindness of the architect, Mr. Nightingale, of John-street, Adelphi, we have recently had an opportunity of inspecting it. It is situated upon the beach, about midway between the Old Steine and the old Chain-pier, and is considerably more than 100 yards in length. The outer or entrance-court is reached by a handsome flight of stone steps and leads into a noble entrance-hall about 80 ft. long by 40 wide, well lighted from above, and surrounded by terra cotta and brick pillars. Attached to the entrance-hall is a capacious restaurant. The aquarium itself consists of two long galleries or corridors, with tanks arranged on either side. The galleries are subdivided by a series of columns constructed of polished serpentine with capitals of Horsham freestone; the capitals, like those of the University Museum at Oxford, are more or less conventional representations of sea-weeds, corals, fish, &c. There are no less than 40 tanks, and some of them are of enormous size; one in particular near the centre of the building might easily accommodate half-a-dozen porpoises. Even the smaller ones must be capable of containing more than 1000 gallons. The rockwork is very tastefully arranged, and will probably soon be covered with a mantle of algæ. A large room is set apart for table specimens, and we are glad to see a comfortable apartment destined for the naturalist.

The Brighton company is better off than that of the Crystal Palace, since their main reservoir is the sea itself; their tubes are already laid down to a distance of 300 ft. from the shore, and it is probable that hereafter they will be run out to a much greater distance. Their pipes seem to be altogether made of pottery, and the water is driven through the whole series of tanks by means of two engines, alternately in use, of 8-horse power each.

THE COLLEGE OF PHYSICIANS.

ONE or two matters of some importance came under the consideration of the Fellows of the College at the Comitia meeting on Wednesday last.

A petition from the Medical Board of Trinidad, accompanied by an explanatory note from the Governor of the island, was presented through the Earl of Kimberley to the College, praying the College to institute a special examination, to be held by means of sealed papers in Trinidad, for the granting of an English qualification or degree to those gentlemen in Trinidad who may wish to be admitted members of the Medical Board of that island. At present only members of the Medical Board can recover fees for medical services. The Board is anxious to admit to registration as members many practitioners who are now or may in future become residents in the island, and are possessed of foreign degrees only; but they do not see their way to allow the mere possession of a foreign degree as sufficient to entitle the holder to membership of the Medical Board, for the simple reason that in many cases such degrees are worthless, especially those of American origin. If the residents in Trinidad were able to obtain an English licence by examination the difficulty might be got over, say the petitioners.

Dr. Milroy, who stated that he had held personal communication on the subject with the medical men of Trinidad very recently, urged the College to take into due consideration the petition submitted to them. He pointed out that there were many excellent and distinguished men holding good qualifications in the island, upon whom the existing regulations pressed unfairly; that the English practitioners were anxious to give their French and Spanish *confrères* fair play in the matter; and that there were difficulties in the way of forming a proper examining Board at the Port of Spain.

The matter was referred to the Council for its consideration and report.

An application was made from the University of Bishop's College, Montreal, for recognition as a medical school, but it was agreed that the university should be informed that, in anticipation of the formation of a Conjoint Board, the College thought it undesirable to add at present to the existing list of schools already recognised by the College.

A report from the Council was then presented. It stated in the first place that the Council recommended that to the application of the Dalhousie College for recognition, a reply be sent similar in terms to that stated above as regards the University of Bishop's College. Secondly, the Council reported that Dr. Pitman had undertaken to prepare an abstract of the proceedings of the College to be furnished to the medical journals, with a view of carrying out the wishes of the College in regard to the fuller publication of its proceedings from time to time. The Council remarked that they could not accede to this offer on the registrar's part without calling attention to the serious additions made to the labours of the registrar since his appointment to that office, and to the fact that these extra duties were unrequited. We are unable to refrain from adding our testimony to the uniform courtesy of the registrar.

Dr. Quain gave notice of an important motion which will come on for discussion at the next committee meeting. It has reference to the Conjoint Scheme, and is, in substance, as follows:—That it is desirable that the recommendations of the Conjoint Examination Committee, laid on the table at the last meeting of the College, should be submitted to the Fellows for consideration, and for approval or otherwise, prior to their being transmitted to the Committee of Reference now about to be constituted.

Lastly, Dr. C. J. B. Williams was unanimously elected a councillor in the room of Dr. Bence Jones, who resigned on the score of ill-health.

THE LEGALITY OF CHARGES FOR MEDICINE BY SCOTCH GRADUATES.

THE following extract from the Minutes of the Senatus Academicus of the University of Edinburgh, dated the 14th of June, 1872, has been forwarded to us by the Secretary of that body:—

"The following report was read and approved:—

"*Report of the Law Faculty and the Medical Faculty on the case of Dr. Stevenson, remitted to them by the Senatus.* — The Faculties of Law and of Medicine have carefully considered the documents submitted to them, and have to report as follows: — It appears from the copy of the judgment sent that the judge fully recognised the right of Dr. Stevenson to recover for medicines furnished in connexion with visits and advice. There are no facts before these Faculties to enable them to say that the arbitrator was wrong in separating a portion of Dr. Stevenson's account and treating it as for medicines furnished otherwise than in the character of a medical adviser. The graduates of Scottish universities have no right to recover for medicines supplied by them that is not enjoyed by members of other British universities or medical corporations, including the College of Surgeons of England, to which Dr. Stevenson also belongs. The Faculties do not think that the University of Edinburgh is called upon to interfere in the case."

THE LANCET.

LONDON: SATURDAY, JUNE 22, 1872.

BETWEEN Conferences, Conjoint Committees, prospective Committees of Reference, and a copious acceptance of the Ballot principle, it is very difficult to know where the profession is just now, and whither it is tending. Schemes are floating about everywhere by which it is proposed for many years to come to regulate and test the education of the medical profession. It is well that we should realise the seriousness of the work that has to be done by the Medical Council in July, or, rather, that has to be prepared for its acceptance and sanction before July by the medical bodies of the country. Whether we regard the schemes as affecting the interests of the profession or of the medical bodies, the importance of them cannot well be overrated. The evil at present complained of is twofold: first, the examinations by the several bodies represent an unequal degree of professional knowledge, and vary much in their cost; secondly, the diplomas given by the different bodies are all and each onesided—either surgical only or medical only. Each of them entitles the holder to be admitted to the Register; but it does not give him full legal powers and privileges for the purposes of practice, so that many able men find themselves in full general practice and on the Register who are baulked every now and again in trying to recover debts which represent professional labour and trouble. Such is the evil. If it is not remedied at the approaching meeting of the Council, it is understood that the Government will take the matter into its own hands. The remedy suggested is already before the profession in the shape of three schemes for the formation of Conjoint Boards—one for England, one for Scotland, and one for Ireland. By these schemes a great majority of the bodies agree, in consideration of certain conditions, not to exercise the right of granting their diplomas excepting to those persons who have passed the examinations to be instituted by the Conjoint Boards. The general character of these schemes is already, as we have said, published; and it is high time that we made up our minds as to the adequacy of them as remedies for admitted evils. Will these schemes give us better and more equal examinations? Will they do this in the different parts of the kingdom on equal terms? Will they include guarantees for the public opinion of the profession having its proper effect in furthering the simplicity and efficiency of the examinations that are henceforth to stamp the character of the medical education of England?

Without attempting to answer in detail all these questions, we shall endeavour to point out some great objections in the schemes as at present shaped. We are alarmed at the portentous size and functions of the Committees of Reference. In England this body will consist of no less than sixteen persons: eight representatives of medicine, to be chosen by the Universities and the College of Physicians in equal proportions; and eight representatives of surgery, to be chosen by the Universities and the College of Surgeons in equal proportions. The Committee of Reference will have the appointment of no less than forty examiners. A more responsible and enviable piece of patronage than this could not be imagined. And yet it is to be lodged in a body hitherto non-existent, and which will not be amenable to any particular authority. If the full weight of public opinion in the Colleges were likely to be brought to bear in the election of their representatives in this important Committee the case would be different; but it is not to be so. The Council of the College of Physicians is to tell the Fellows whom to elect. And we know that such nominations in the Councils of Colleges are apt to be regulated on principles of etiquette and seniority, rather than on considerations of fitness. The Fellows are meekly to obey the nomination of the Council. The Council of the College of Surgeons, as we stated last week, is going to spare the Fellows this humiliating compliment, and to elect on its own responsibility the four representatives. But the range of choice is to be more limited than in the sister College, the selection having to be made from members of the Council, actual or historical. To complete the sweet irresponsibility of this Committee, which will have more power and patronage than either of the Colleges or the Medical Council itself, the election of examiners by it is to be by ballot. The very thing that should be done openly is to be done secretly; and, if the result is unsatisfactory, nobody will be called to account. And yet this is the body that is to supersede the Universities and Colleges in England, as far as examinations for licence to practise are concerned. If the Colleges had tried to construct a scheme that looked inadmissible and suspicious, they could not well have succeeded better. We must say that we wonder how such a scheme should have received any sanction from the Fellows of the College of Physicians. It is to be hoped that they will yet refuse to ratify it. If a new huge medical authority must be created in addition to all those which already exist, it should be one chosen by the Fellows of the Colleges; and the work to be done by it, especially in the way of electing examiners, should be perfectly public work, open to the criticism of the profession at large. The whole end and object of these schemes is, or at least ought to be, the election of the best examiners; and facilities should be given for knowing where responsibility for particular appointments rests. In Ireland there is to be a similar Committee of Reference, to consist of ten members—two from each of the Irish examining authorities. But the Irish bodies propose to retain for themselves the election of examiners, and a general power over the curriculum of study. The Scotch bodies have the credit of constructing a scheme without creating a new power like that of the Committee of Reference; and have assigned the functions of regulating the number and remuneration of examiners, fixing the subjects for which each body is to elect examiners, and superintending the arrangements for the examinations to the Scotch Branch Council.

So much for the new bodies that are to supervise these new examinations. The next question concerns the examinations themselves. On this point we have already commented

in as far as the English proposals are concerned, and we need not at present insist on the inadequate provisions for examination in Physiology and Forensic Medicine. With forty examiners, and no separate examiner in Physiology, it does seem as if the Colleges made very light of this vital matter. The Irish bodies give their idea on this subject in the following proposal—that the examination in Anatomy and Physiology shall include examination on the dead subject and Microscopic Anatomy: this arrangement is certainly suggestive of a very dead kind of physiology. The Scotch bodies have an entirely independent idea of the scheme required—unless, indeed, they borrowed it from Sir JOHN GRAY, who suggested that there should be an examination in what he called "practical subjects." Our friends in the North propose to give the Conjoint Board no power to examine in Anatomy, Physiology, &c., but only in Clinical Medicine, Clinical Surgery, and Midwifery. It is obvious that the character of the practitioner depends very much on his knowledge of the sciences in which he is not to be examined by the Conjoint Board, and the Scotch scheme must be regarded as entirely inadequate to meet the demands of the case. The able letter of Dr. STRUTHERS in our last week's impression shows that our opinions on the Scotch scheme are shared by many of the best Scotch teachers.

Great as is the inequality of these schemes, the inequality of cost which would result if all of them were adopted in their present form would by itself be a fatal objection to them. It is obvious that, if men can be fully qualified in Edinburgh for fifteen or twenty pounds, they will give London and Dublin a wide berth, where their qualification will cost thirty guineas; and if the Scotch scheme gives the less guarantee of a complete and searching examination, this will only make it the more attractive to many, though by so much it be less satisfactory to the public.

We are treating these schemes as if they were already complete and unopposed. But it is plain that what we see at present is a mere rough outline, and that much more has to be done before the various consenting bodies will consider their interests secured. Then there are still non-consenting bodies, like the Queen's University in Ireland, which last year alone gave degrees to a hundred and eleven candidates—to sixty-six the degree of M.D., and to forty-five the degree of M.Ch.; and the Apothecaries' Company in London the licence of which is still felt to be a convenient way of admission to the Register. These bodies may still continue to act independently, though it is clear that any scheme which does not suppress their individual action can only be regarded as temporary and unsatisfactory. These are the reflections that occur to us at the present stage of this subject.

FOR some time past a sharp controversy has been sustained in Vienna upon the subject of the diagnosis of syphilis by the microscopical examination of the blood. Dr. LOSTORFER now furnishes to STRICKER'S *Medizinische Jahrbücher* the facts which have led him to the position he has now taken up on the affirmative side of the question. He was supplied, it appears, by STRICKER, who appends a note to the paper, with a number of test specimens; and arrived, on the whole, at very correct conclusions. A drop of blood was taken from the skin, and as quickly as possible placed upon a clean object-glass, and covered. Twelve glasses, with drops belonging both to syphilitic and non-syphilitic patients, and properly numbered for subsequent identification, were then placed in a moist chamber, and were examined from day to day with a Hartnack's immersion No. 10, ocular No. 3. During the first day or two, vibrios, bacteria, and the early stages of development of sarcina, were commonly met with. On the third, or still more frequently on the fourth or fifth day and occasionally even after twenty-four hours, small bright corpuscles made their appearance, which were partly at rest and partly in vibratory motion; some of them exhibited a small process. By the sixth day these corpuscles had increased in size and number. Many of these larger ones exhibited the above-mentioned process; and this then distinctly appeared as a bud. In a few it was so large that it was very little less than the parent cell. During the subsequent days the corpuscles continuously augmented in size; so that a few soon attained the magnitude of shrunken red corpuscles, or even exceeded them. At the same time smaller ones of all sizes were present. Gemmation was frequently perceived, many corpuscles presenting, not one bud only, but several, which were in some instances pedunculated, and in others directly applied to the parent cells. Cases also occurred where the secondary buds appeared upon the surface of the primary ones. Most of these gemmæ were of irregular form, but some were spherical. About the eighth or tenth day a vacuole formed within the larger corpuscles, which gradually increased in size till ultimately its wall appeared to consist only of a thin lamina, presenting a double contour under the microscope. At this period the corpuscles had attained their final development, and underwent no further changes even when the test could be preserved for a month, which of course was only of exceptional occurrence. Dr. LOSTORFER also examined the characters of the corpuscles with different fluids, as with solution of sugar, distilled water, and Pasteur's fluid—namely, one-half per cent. of solution of common salt and one per cent. of solution of acetic acid. These fluids, notwithstanding their diversity, produced similar effects during the earlier period of the development of the corpuscles, causing them to shrivel, and preventing any further growth. Even at the sixth day some shrivelling occurred on the addition of these fluids and dilute solutions of sugar; but when distilled water was added at this period the vacuolæ enlarged rapidly. Gemmation took place in the form of long tubules, which closely resembled the germ tubes of fungi. The number of the corpuscles varied to a very great extent. In one instance he counted fifty of them in the field of the microscope at one time on the fourth day; but he is unable to say whether any proportion exists between their number and the severity of the symptoms of syphilis present. Dr. LOSTORFER states that long before the discovery of these corpuscles he had carefully examined the blood of healthy persons without finding anything similar to them; and that during the last three months he has systematically subjected healthy blood specimens to the same treatment, as well as blood taken from those suffering from gonorrhœa,

diphtheritic ulcers, lupus, and from typhus patients, without in any instance observing their development. He therefore thinks he is justified in terming them syphilis-corpuscles. He is of opinion that temperature is a matter of great importance affecting their development; for when the temperature fell below a certain point, not yet exactly ascertained, the results were negative. He gives the appearances in thirteen cases, which show that the corpuscles are not associated with any particular form or stage of syphilis, but manifest themselves both before and after the occurrence of the eruptions and in tertiary affections. He guards himself from saying they in any way constitute the carriers of the infection; and, as regards their origin, it is uncertain whether they are introduced with the syphilitic poison, or whether the blood is so altered in syphilis as to permit their growth when derived from other sources. In the note appended by STRICKER to LOSTORFER'S paper, he says that he tested Dr. LOSTORFER'S ability to diagnose syphilitic blood under the microscope on six occasions. On the first he sent him twelve proof specimens, of which Nos. 8 and 9 were taken from healthy persons, and the remainder from three different patients suffering from syphilis. In a few days LOSTORFER replied: "Nos. 8 and 9 non-syphilitic; two preparations spoilt; the remainder syphilitic." In the second list there were seven numbered proofs, and in the third nine proofs, and in each of these the syphilitic cases were correctly diagnosed. In the fourth list, however, no results were obtained; but this LOSTORFER explained by stating that all the specimens had accidentally been exposed to a very low temperature (– 12° C.). The remaining tests, including one by Professor HEBRA, seem to have been very fairly made out. Whatever may be the ultimate conclusion arrived at, enough has certainly been ascertained to lead to attention being paid to the subject; and, as the field of observation is unfortunately only too common, it is probable that positive results will soon be obtained. High powers, immersion lenses, and some experience with the moist chamber, are indispensable for pursuing the inquiry.

AN important meeting of the trustees of the (i. e., the subscribers to the) Manchester Royal Infirmary was held on the 10th inst., for the purpose of considering a proposal to suspend the rule which relates to the election of honorary medical officers, so that during the period of suspension no election might take place, even if a vacancy should occur. It appears that the Medical Committee of the Infirmary has made a report to the effect that the institution is at present insufficiently officered; and that it would be desirable to appoint assistant-physicians and assistant-surgeons to have the charge of out-patients, and also to form special obstetric and ophthalmic departments. The Medical Committee advised the appointment of a small mixed lay and medical committee to consider and report upon the necessary details; and, in view of a new scheme being proposed and adopted, it was thought unwise to elect any more medical officers under the rules likely to be superseded. We commented last week upon one of the features of the canvass already commenced in Manchester contemporaneously with the illness of one of the surgeons; and it was mentioned at the meeting that the circular to which our remarks referred had actually been sent to the wife of the sick man, who thus thought herself asked to give her proxy for a successor to her husband before her husband had ceased to hold his appointment! After considerable debate, a motion was carried to suspend the rule for four months; so that it will again come into force if by that time no new regulations should be adopted.

We presume there can be no doubt that the recommendations of the Medical Committee touching increase of the staff will be adopted by the trustees; as it is plain that the present physicians and surgeons must be the best judges of the numerical strength necessary to satisfy the demands of the hospital and school. But the report went further than this, and advised a total change in the method of election. The Medical Committee are of opinion "that the present mode of electing the honorary staff is cumbersome and vexatious to the subscribers, very costly to the candidates, and not calculated to secure the election of the most suitable men. They suggest that, for the future, appointments to the honorary staff be made, not by the whole body of trustees, but by the treasurer and deputy treasurers, either directly, or after nomination by a sub-committee, composed of representatives of the trustees, of the Medical Committee, and of Owens College." In the course of the discussion it was maintained by Mr. FOX TURNER than an appointment given by the votes of a large constituency carried a higher claim to public respect and confidence than one conferred by a smaller body; and it was also stated that many candidates would "gladly" spend £1000 upon their candidature. The chairman, Mr. H. BIRLEY, M.P., pointed out that an unsuccessful candidate who had spent this sum would probably be "grievously disappointed."

Now, as far as the large constituency is concerned, we must say that we greatly sympathise with Mr. FOX TURNER. The experience we have in London of elections by small bodies has not impressed us in a favourable manner; and it is obvious that such bodies are particularly liable to be swayed by a variety of considerations irrelevant to the issue before them, or to be subject to the virtual leadership of some treasurer or other potentate. Moreover, people who subscribe to a hospital have a distinct claim to a voice in the election of officers, and can only be asked to resign this claim in order to secure some unquestionable advantage. On the other hand, as we have just seen, the practice of canvassing, essentially objectionable in itself, leads to a variety of incidental evils and abuses; and the cost of the present system is not only great and wasteful, but may be prohibitory to the best men. It is not every eligible man who has a thousand pounds to spare; or who, if he had it, would think it right to risk it upon the results of an election. To buy a hospital appointment, as is done in Ireland, is bad enough; but there the purchaser at least gets what he pays for. To gamble for one is still worse; and a hospital might often greatly suffer if a costly contest were the only road to office within its walls.

We would venture to suggest to the Manchester joint committee that it might be possible to retain the advantages of popular election and to banish its evils. Why

should not all proxies be done away with, all canvassing prohibited, and the applications of candidates sent to a mixed lay and medical committee? This committee might inspect diplomas and see that the candidates were eligible, and might then issue a sort of report to the subscribers. The report should set forth the names and qualifications of the several candidates, their letters of application containing their own accounts of their claims, and the testimonials which they had sent in. It might also include a brief statement from the committee for the information of subscribers—a statement strictly limited to facts as distinguished from opinions; but mentioning the nature of the differences between different degrees and qualifications, or describing the duties of offices which candidates had already filled. It might perhaps go so far as to point out circumstances calculated to throw light upon the value of testimonials. For example, if two candidates had each sent in testimonials from the same eminent surgeon, it would be fair to say that one of these was of old date, given to a student on his entering upon practice—the other recent, and founded upon knowledge of work done at a later period of the professional career. The candidates might be jointly called upon to pay for printing and postage; and then every subscriber would have the claims of each applicant placed fairly before him. We would further give the subscriber the power of voting by a paper which he might fill up and send by post to the secretary or other returning officer, so that the constituency might be completely polled. The report of the committee should be sent out several days prior to the election, in order to afford subscribers ample time for making any inquiries that might occur to them. We believe that some such method as this might be made equally satisfactory to Mr. FOX TURNER and to the Medical Committee, and that it might be made conducive to greater freedom and purity of election than attend any of the systems now ordinarily employed.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

THE proceedings of the Council of the College of Surgeons, at its meeting on the 13th inst., were of an exceptionally important character, from their direct bearing upon the education of medical students. The Report from the Court of Examiners of the number of candidates who have presented themselves for the primary and pass examinations for the diploma of member of the College during the three collegiate years 1868–69, 1869–70, and 1870–71, showing the number who have passed and have been rejected from each medical school during that period, will be scanned with interest by both teachers and pupils. Such a return cannot fail to have a good effect in stimulating the teachers of the various schools to improve their position in the list, and not unreasonably it may be anticipated that intending pupils will investigate the proportion of passed and plucked predecessors at the school of which they contemplate becoming *alumni*.

For the primary, or anatomical and physiological examination at the College for the three years mentioned, the gross total of candidates was 1735, with 1254 passed, and 481 rejected; or, in other words, 1 in every 3·6 of the candidates was rejected. It would appear that either the examination has become more difficult or the pupils worse prepared as years go on; for while in 1868–69 the proportion of plucked to passed was 1 in 4·9, in 1869–70 it was 1 in 3·0, and in 1870–71 1 in 3·3.

In comparing the several schools a difficulty arises from the introduction of fractions into the returns; and though it is not easy to realise the fact of Guy's Hospital having an odd ¾, or Liverpool $\frac{1}{10}$, of a student, we believe this has arisen from the scrupulous desire of the College authorities to give every school its just meed of praise or blame. We shall, however, ignore these fractions for the sake of simplicity; and it is then at once seen that the rate of success, at the largest schools at least, corresponds very closely with that of the total number of candidates already given. Of course the success of a school varies from year to year, and the zeal of a good demonstrator will make itself perceptibly felt during his period of office; but taking the London schools in their numerical order as given in the return, we find the proportion of rejections for the three years to be as follows:—Guy's, 1 in 3·6 candidates; St. Bartholomew's, 1 in 4·3; University College, 1 in 3·9; King's College, 1 in 3·0; London, 1 in 2·8; St. George's, 1 in 3·8; St. Thomas's, 1 in 3·7; Charing-cross, 1 in 3·2; St. Mary's, 1 in 3·05; Middlesex, 1 in 4·7; Westminster, 1 in 2·8. It will be observed that Middlesex Hospital has the highest rate of success, and St. Bartholomew's the next; but it must be borne in mind that the total number of the candidates from the former hospital was but 45, whilst at the latter it was 223.

This necessity for keeping in view the whole numbers becomes even more apparent when considering the provincial schools; for there the highest rate of success is at the Hull school, which, however, sent up but 6 pupils, and has since expired from inanition. In the same way Cambridge had but 1½ plucks out of 7 candidates; but Newcastle, with 28 pupils, had only 5 plucks, or 1 in 5·6. The general average of success at the provincial schools is low however; Birmingham, Liverpool, and Bristol being below, and Manchester and Leeds only equal to, the general average of the metropolitan schools. The number of candidates from the Irish schools was very small, with the exception of Dublin, and there the rate of success was low; but the Scotch schools appear to have been exceptionally fortunate, Edinburgh passing 51 out of 61 candidates, and Glasgow 21 out of 24.

The pass or surgical examination shows 1085 candidates for the three years, with 178 rejections and 907 successes; or 1 rejected in every 6·1 of the candidates. Here, again, the tests are increasing in severity, for the proportion of plucks increases in the three years from 1 in 7·2 to 1 in 6·6 and 1 in 5. Still the ratio of success is higher than for the primary examination, and this holds good at the individual schools. The rejections at Guy's were 1 in 8; at St. Bartholomew's, 1 in 5·8; at University College, 1 in 6·5; at King's College, 1 in 5; at St. Mary's, 1 in 5·1; at St. George's, 1 in 5·6; at St. Thomas's, 1 in 12·9 (the total number of candidates being only 38); at Charing-cross, 1 in 2·4; at the London, 1 in 4·5; at Middlesex, 1 in 7; and at Westminster, 1 in 5·2. Of the provincial schools, where the numbers were large, the ratio of rejections was rather higher than at the large London schools: being 1 in 4·1 at Manchester; 1 in 5 at Birmingham; and 1 in 4·6 at Leeds. At Newcastle, Liverpool, and Bristol, where the numbers were smaller, the ratio of success was greater; and at Cambridge 1 candidate was plucked out of 6½. Dublin had 1 rejection out of 35, and Edinburgh 3 rejections among 33 candidates.

We have thus epitomised this very valuable return, and would commend its study to the teachers at all the medical schools. We rejoice to notice that at the last Council meeting Mr. Erichsen carried a resolution calling upon the Court of Examiners to take steps to ascertain the manner in which the recent regulations respecting Practical Physiology and Practical Surgery are really carried into effect at the several schools, having good reason to believe that these courses are in many cases neglected, if not altogether shirked. We should like also to know at how many schools arrangements have been made for giving that individual instruction in the observation and examination of patients required by regulation 14 of those relating to professional education issued by the College of Surgeons.

ASYLUMS FOR DRUNKARDS.

THE Select Committee on Habitual Drunkards has closed its sittings, and its verdict is clearly in favour of Mr. Dalrymple's Bill. Opposition to that measure, now for some time before Parliament, for the detention of habitual drunkards, has only stimulated its author to strengthen his original thesis from every available quarter. To the reformatories for drunkards which he wants to see established over the country the main objections are these: that such institutions elsewhere are not comprehensive enough, and that the powers of their superintendents are too restricted; that the cures effected in them are neither so permanent nor so numerous as has been alleged; that the inmates have liquor brought in to them secretly, and that, in other ways, the objects of the reformatories are evaded. In order to satisfy himself whether these objections were borne out in the country where asylums for drunkards are most numerous and of oldest standing, he visited America, and closely inspected eight out of nine public and recognised institutions which receive habitual inebriates—institutions scattered over an area extending from Quebec to Chicago, and from Boston to Baltimore. First, he visited those mainly destined for the higher classes; next those for the middle and artisan classes; and, finally, those to which patients were judicially committed instead of being sent to gaol. The results of these inspections Mr. Dalrymple has embodied in a paper in *Macmillan's Magazine*, which is certainly a very honest as well as an interesting attempt to put the public in possession of all the facts that can be urged in favour of State interference with drunkenness. In the Binghampton Asylum one of the rules is "that no one goes beyond the grounds (which are very extensive) till he has by eight weeks' sojourn and obedience shown to the superintendent his power to restrain his appetite for drink"; after which he has leave for certain days and hours. If he has got liquor and broken his promise, which sometimes occurs, his leave is stopped; if he violates the rule and goes out he is dismissed. "Come along," Mr. Dalrymple heard one patient say to another, "we have got our leave to go to the town to-day." The other answered, "I wish to go, but I doubt whether I can keep out of bar if I do." "Well," was the reply, "we will not go to town, but we will be off into the woods, and be back to dinner," which they were. Such examples of strengthened will are by no means too common; and in cases of recurring paroxysms of alcoholic craving, every superintendent, even those who regard the "parole" system as the best, asks for the power to lock the patient's door. In the asylums at Boston and Chicago for the lower middle classes, the inmates can witness drays unloading their tempting stores of alcohol under their very noses. And yet this seemingly fatal objection appeared as a recommendation to the superintendents, who argued that it was well that the inmates should gain health and strength as much as possible surrounded by old temptations, and among those who are to give them work in the future. Curious contrast, Mr. Dalrymple remarks, to the Permissive Bill advocates, who "would shut up every drink-shop, and place no reliance on education, moral principles, or common sense being able to teach men not to abuse drink!" In the Home at Boston, 3462 patients had been treated up to November 1st, 1870, of whom one-third to one-half were believed to be thoroughly reformed, and a large portion of the remainder benefited. "In this way," says the Report of the State Commission, "large numbers have been restored to society as industrious and useful members. A large number, also, of those who are reformed become active missionaries among their old companions. In this way it is estimated, after careful inquiry, that as many more are restored." This official statement was critically examined by Mr. Dalrymple, and confirmed by the experience, extending over several years, of Mr. Lawrence, the superintendent, and Dr. A. Day, his predecessor. At Chicago (such is the impression of the good done by the home) an annual public meeting is held at which many of those whom the institution has rescued, and who now hold high positions in the Senate, the church, the law, in medicine and commerce, appear and urge forward the working of the system. In the asylums for the lowest class the difficulties to be overcome are of course greater—the inmates being committed by the magistrate. Even there, brutish as is the state to which the habitual drunkard has lapsed, much good is effected. "While residing in a reformatory he is profitable to society, which was certainly not the case before, or while he was in gaol; and for a whole year he is kept from crime, during which time he has acquired a knowledge of an occupation, and habits of industry to which he has long been a stranger." Mr. Dalrymple gives other conclusions, arrived at with equal care, which materially strengthen his case for legislative interference with the habitual drunkard; and while he does not claim more than one-half or one-third of all the admissions as cures, he has satisfied himself that sufficient cause has been made out for the resolution of the American Association for the Cure of Inebriates, carried on the 14th of November, 1871, that "it is desirable to give legal power to institutions for inebriates to retain their patients until, in the judgment of the proper officers of those establishments, such patients are restored to health."

HOT WEATHER AND HEALTH.

AFTER a delay which made some people entertain doubts as to whether we were to have any summer at all this year, and others to fear that the course of the Gulf stream must have been diverted, the heat has come upon us all at once in a concentrated form. Its effects are apparent already. The heat and the Ballot Bill have together proved too much for the House of Lords. If their feverish excitement only increases with the continuance of the hot weather, Mr. Gladstone might be glad to try the physiological effects of "ice-bags" on the nervous centres of several noble lords who are intent upon hewing and hacking at every Government measure in the most vicious way imaginable. But the sun is no respecter of persons, and Peers are not the only beings who feel that they may have too much of a good thing. A first-class railway carriage is about as uncomfortable a place as a man can wish to occupy just at present. It is stuffy in the extreme, and the cushions and everything about it are admirably calculated for absorbing all the heat possible, and retaining all they absorb. An unfortunate traveller, with a frame that might have been designed on the "lines" of the "Waggawock," enters a railway carriage. After a premonitory gasp or two, he removes his hat, and throws the cushion under the seat. The win-

dows being down, there is nothing left for him to do beyond wishing that he could realise what Sydney Smith said—viz., that he could take off his flesh and sit in his bones. There is surely no reason why railway companies should not study the comfort of their passengers a little more than they do in this matter. A light and well-ventilated carriage during the very hot weather ought, one would imagine, to prove a cheap substitute for those now in use. There does not seem to be any reason, moreover, for English people subjecting themselves to the amount of discomfort they do in hot weather. There ought to be no difficulty in applying to English houses some of the arrangements commonly employed abroad. Most people, however, find it easier to fuss and fume about the heat than to exercise any ingenuity or take the least trouble in mitigating its effects. On the Continent, again, it is possible to consume an ice without being stifled by the hot atmosphere of a crowded and ill-ventilated room or shop, which is seldom the case in England. On the whole, perhaps, no persons merit so much pity as very young children. The heat prevents them from sleeping well at night; they suffer a good deal from thirst, and ice or iced water and fruit are frequently denied them as hurtful. The consequence of all this is, that they lose their appetite, get fretful and irritable, and soon become flabby and pallid. If they happen to reside in a big town, the chances are that the heat and the smells together induce diarrhœa. Heat acts very injuriously on some children. We know this from its effects on English children resident abroad; and there is not only no reason against, but, physiologically, every reason in favour of, their being supplied with iced drinks or artificially cooled fruit. If town children suffer from diarrhœa, indigestion, or otherwise lose their health, there is probably no prescription so good or so generally applicable as change of air to the seaside.

THE "EXAMINER" ON PATHOLOGY.

THE *Examiner* of last week contained an elaborate article upon the paper on Pyæmia recently read by Dr. Burdon-Sanderson before the Pathological Society,—an article that is almost elevated into importance by the ghastly and bewildering ignorance of the writer. Not only is pathology Greek to him, but Greek might as well be pathology. He misspells the word pyæmia whenever it is introduced, and imagines "bacteria" to be singular. He disposes of some of the most warmly disputed questions of the present day by the assertion that "every member of the Pathological Society knew, or ought to have known, *all about bacteria and pyæmia*"; and diversifies such rubbish as this by misstatements of fact that are really wonderful, when it is considered that he has heard of the names of the people whose actions he has jumbled together. Thus he asserts that "Dr. Pettenkoffer (*sic*) of Munich, steeped blotting-paper in the rice-water discharges of cholera, and gave it to guinea-pigs and white mice." Pettenkofer never did anything of the kind. The experiments in question were first made by Thiersch during the epidemic of 1854. They were repeated in greater detail and more exactitude by Dr. Burdon-Sanderson in the epidemic of 1866, as set forth in the report of the Medical Officer of the Privy Council for that year. Again, the *Examiner* tells us that "Klein shows that of *pyæmia* it holds good that the liquid is only virulent when in actual process of fermentation." Where Klein has shown this we are not informed; and the statement is, indeed, diametrically opposed to the facts. The liquid is most active when taken directly from the living animal, and gradually loses its activity afterwards.

It is not surprising that the writer has totally failed to appreciate the point of Dr. Burdon-Sanderson's observations upon bacteria—namely, that these organisms occur not only in what is called purulent infection, but in all unhealthy inflammations. If we had to wait for extreme virulence in order to find bacteria, their presence would be of little interest, for it has long been known that, in septic inflammations, the animal liquids undergo changes approaching putrefaction. Dr. Burdon-Sanderson's discovery is that in every phlegmonous process in the subcutaneous cellular tissue, and in every serous inflammation, as soon as it assumes what in common clinical language we call "an unhealthy character," the exudation liquid contains bacteria, although the unhealthiness does not approach what could be termed virulence.

It is somewhat melancholy to reflect that a newspaper usually well informed, and recognising the need of knowledge of a subject prior to its discussion, should have allowed this astounding piece of ignorance and presumption to be put into circulation through its columns. We purposely refrain from following the writer into other topics, on which also he has distinguished himself; for we think we have sufficiently shown how little he is qualified to deal with them.

ILLEGAL USE OF MEDICAL TITLES.

THE case of "Dr. John Hamilton," of the "Metropolitan College of New York," which is reported at length in another part of THE LANCET, will be read with interest by the profession. The so-called "Dr. John Hamilton" was summoned for unlawfully pretending to be, and taking and using in various ways the name and title of, a doctor of medicine, surgeon, and general practitioner, and implying by such terms that he was registered under the Medical Act. Mr. Ricketts, who appeared for the defence, admitted the use of the title "Dr." by his client, but he put in a diploma, and said it was obtained after "a severe examination." He argued that, though such a diploma could not entitle the holder to registration, it did give him a claim to the titles used, and that in using them under the circumstances his client could not be considered as "falsely pretending" to be a doctor, seeing he was such by virtue of his certificate; the mere assumption of the title of doctor of medicine or surgeon did not imply that the person was registered under the Act. Mr. Knox pointed out that the Medical Council could not, if they would, register such a diploma, and, he added, "as it appeared to him, under the 40th section, that, as without registration the defendant cannot legally use any of the names or titles mentioned in the section, he must be fined forty shillings and costs." Mr. Ricketts then applied for a case for the Queen's Bench, and his request was granted. So that we shall have another case of appeal as to the legality of the use of unregisterable titles which seem to imply registration, or convey the idea that the user of them is recognised by law as a physician, surgeon, doctor of medicine, &c. The recent decision in the Court of Queen's Bench in the case of appeal—Andrews (appellant) *v.* Styrap (respondent)—determined that the use of the title of "Dr." on the strength of a degree obtained *in absentiâ* from the University of Philadelphia was a breach of the law. The value of the degree of the Metropolitan College of New York is probably about equal to that of the University of Philadelphia, even if we take the authenticity of the particular document for granted. In this view of the case the decision of Mr. Knox will give unqualified satisfaction to the profession, as it ought also to give satisfaction to the public who are deceived on a large scale by the holders of such wares. If we may reason from the case of Andrews *v.* Styrap, the decision is not likely to be reversed by the Court of Queen's Bench. It is true it was alleged that in this case the de-

fendant had passed a thorough examination, but from all that transpired before Mr. Knox there is nothing in the character of the Metropolitan College of New York—which, by the way, is said no longer to exist—to lead us to regard the possession of its degrees as a justification of the use of English medical titles. Mr. Knox, however, it must be admitted, did not base his judgment on the character or non-existence of the Metropolitan College of New York, but on a view of the Medical Act which will occasion some surprise in the profession. He considered that as the defendant was not practising on the strength of the said degree—allowing for argument's sake its validity—before 1858, the date of the Act, it could not be registered. This is quite in accordance with both the Act and the action of the Medical Council in regard to foreign diplomas. But Mr. Knox added that without registration the defendant could not legally use any of the names or titles mentioned in the section. We gather from the report of Mr. Knox's words that he is of opinion that persons possessed of registerable diplomas or degrees, if not actually registered, violate the Medical Act in using titles in accordance with their qualifications. It has always been understood that the law did not make registration compulsory further than by attaching certain legal advantages and privileges to it; but Mr. Knox advances the doctrine that if any person takes any of the titles mentioned in the Act without proceeding a step further, and getting himself registered, he renders himself obnoxious to a penalty. If the law had been thorough and logical it would have been thus severe, but we apprehend that Mr. Knox is wrong in so construing it. We are glad that a case has been granted for the Queen's Bench.

DR. MILROY'S LEPROSY MISSION.

WE are glad to be able to state that in many ways the humane mission entrusted to Dr. Gavin Milroy will result in much good to the leprous outcasts and to medical science generally. The primary object of Dr. Milroy's visit to the West Indian islands was, of course, to ascertain the real value of the plan of treating leprosy introduced by Dr. Beauperthuy, and which was asserted to have cured many cases of this loathsome malady. But the indirect results of his visit have already begun to show themselves in the sanctioning and instituting by the authorities in the colonies better regulations for the accommodation and treatment of the leprous poor. We believe that Dr. Milroy's report will go to substantiate the conclusion that the disease, if not curable, of which much doubt exists in regard to well-marked cases, can yet be arrested and also greatly ameliorated by treatment. This conclusion, however, it must be remembered, has been forcing itself upon the minds of many observers besides Dr. Beauperthuy, and Dr. Tilbury Fox at a recent meeting of the Clinical Society, it will be remembered, brought forward actual cases of alleviated leprosy. Under Beauperthuy's treatment, as in that of others, lepers certainly improve. Much is attributed to the use of the oil of cashew applied locally, but there is reason to think that the employment of tonics, and of good and, above all, fresh meat and other kinds of food, has most to do with the amelioration of the disease. If we are rightly informed, Dr. Milroy's facts will point in the direction of peculiarities of diet as agencies greatly influencing the genesis and the cause of leprosy. The attention directed towards the subject of leprosy in the colonies will also certainly stimulate the medical men of these localities to a closer and more scientific study of the disease in all its bearings. We look forward with interest to Dr. Gavin Milroy's forthcoming report, for he has already conducted special and important inquiries with eminent success. No one knows better than he the value of accurately observed fact in contradistinction to that which is merely hypothetical, whilst he is eminently cautious and judicial in drawing conclusions from scientific data. We congratulate him on the results of his mission. We may add that Dr. Milroy has not met in his travels with any facts to prove the contagiousness of leprosy.

ANATOMY AND THE ANATOMY ACT.

Now that we are approaching midsummer, and shall in a few days be within three months of the winter session, it may not be out of place to call attention to the amended Anatomy Act of last session, by which the period for the burial of bodies devoted to dissection was so extended as to enable those teachers who are so disposed to make provision during the autumn months for the wants of the winter. Last year this provision was, we believe, taken advantage of by but two of the large London schools, and these reaped the benefit of starting their dissecting-rooms in October with such a supply of *matériel* as had not been known for years. At Guy's Hospital ten subjects, and at St. Bartholomew's five subjects were thus preserved in advance, and with very fair success, at least for a first experiment. No doubt improvements will be made in the methods of preservation, and in fact the American fashion of preserving the bodies of deceased relatives for transport across the Atlantic has given an impetus to the practice of embalming of which anatomists may reap the benefit if they care to do so. Expense is, we believe, the only drawback to the preservation of bodies during the summer, since appropriate receptacles must be provided, and the cost of injecting is increased. At the same time the advantage of having a good supply at the very commencement of the session is so obvious that the authorities at the schools ought not to hesitate to incur any necessary outlay.

While on this subject we may point out how much more satisfactory it would be if the fee for anatomical dissections were raised in all schools so as to cover the cost of a sufficient supply of subjects. When a student is paying his fees the small addition would be a mere nothing, but he would thus be saved subsequent petty disbursements, which are annoying and sometimes inconvenient, and have been known (according to the late Albert Smith) to form the groundwork for a species of "black mail" on the parental pocket for several years of the student's career. All paying the same, the diligent student would gain additional opportunities free of charge, while the idle man would be no worse off than he is at present.

THE NIGHTINGALE FUND.

THE Committee's report just issued for the past year embraces some interesting details connected with the Nightingale Home and the nursing at St. Thomas's Hospital. The new buildings of St. Thomas's Hospital were formally inaugurated by Her Majesty in June, but not opened for the reception of patients until the end of the following September. The wards were rapidly filled, and by the end of the year the whole of the new hospital was more or less occupied, and an efficient nursing staff had to be provided. The hospital authorities were materially aided in this by the committee of the Nightingale fund. The Nightingale Home at St. Thomas's Hospital affords a separate room to each of the 35 probationers accommodated there. The hospital proper consists of six pavilions, containing in all 569 beds. Three of these blocks have four floors of wards, each block containing three wards of 28 beds, with a small ward for 2 beds, and one ward of 20 beds, with a small ward for 1 bed; two of the blocks have each three floors of wards, each block containing three wards of 28 beds, with a small ward of 2

beds. The sixth block is set apart for infectious cases, and contains seven wards of 8 beds each. The arrangements for the nursing staff are as follows: there are in all 16 hospital sisters, one of whom acts as superintendent of night-nurses and one as matron's assistant, besides 54 nurses, and 3 nursemaids. To 5 of the sisters are assigned two wards each, to 7 one each, and there is one sister for the infectious block. For every large ward there is one day-nurse and one night-nurse. There are, in addition, 23 ward-maids and 14 scrubbers. The sisters and nurses in charge of a ward sleep in their own rooms adjoining their respective wards. The sisters receive from £35 to £50 a year as salary, the nurses from £23 rising to £25. The ward-maids are paid from £14 to £15 a year, with a shilling a week for washing. The probationers are employed as assistant nurses under the immediate direction of the sisters. During the period of the year's training they pass successively through all the different wards except the infectious block. We learn that towards the end of last year an arrangement was entered into with the Central London Sick Asylum District for the admission of six probationers to the Highgate Infirmary, to be trained for service in workhouse infirmaries.

PROCEEDINGS UNDER THE VACCINATION ACTS.

THE magistrate (Mr. Arnold) at Westminster a few days ago raised two points in favour of Mr. William Alexander Ryan, of Sloane-street, Chelsea, who was charged with neglecting to have a child vaccinated. He considered that the fact of vaccination not being reported—in other words, the certificate of successful vaccination not being returned, was not sufficient evidence of non-compliance with the law. The Act, notwithstanding, seems plainly to make the parent responsible for this when the child is vaccinated by other than the public vaccinator. The other point was that the complainant was too late in applying. Mr. Miller, the complainant, called Mr. Arnold's attention to the specific terms of the Act, which enacted that any complaint could be laid within twelve months. Mr. Arnold was of opinion that that could not interfere with the Police Act, unless expressly provided, which requires complaint to be made within six months of the time of the cause of complaint. Mr. Miller also pointed out that the Act gave the magistrate the power to order the child to be vaccinated up to the age of fourteen years. The case was adjourned for a week, Mr. Arnold promising to consider the law on the subject.

At the Chester-le-street petty sessions, on the 13th inst., the clerk at Pensher railway station was charged with refusing to allow the lymph to be taken off his child's arm, as required by the Vaccination Act of 1871. This being the first case of the kind which had come before the bench, a mitigated penalty of 1s. and costs was inflicted, the costs including 10s. 6d. as a fee to Dr. Williams for his evidence.

A CONVALESCENT HOME FOR ST. BARTHOLOMEW'S.

CONVALESCENCE is a very important, though hitherto a somewhat neglected, part of sickness, especially among the poor. The temptation is strong to return home, and perhaps to work, before the strength is sufficiently restored; and the consequence in many cases is relapse, or more or less permanent harm to the health and constitution of the patient. This holds good both of medical and surgical cases. Moreover, there is an obvious advantage in getting a patient away from a hospital in which he has undergone a severe operation or a prolonged illness. Hence it is one of the gratifying signs of the times that every great hospital is getting its convalescent home. On Saturday last St. Bartholomew's Hospital became possessed of such a home by the generosity of Sir Sydney Waterlow, who having bought a fine old mansion (Lauderdale House) of great historic interest at Highgate, converted it into a convalescent home, and conveyed it, as we have said, for a period of seven years to the Almoners of St. Bartholomew's, to be used by the male patients of that hospital. We had the pleasure to go through the wards of this hospital on the occasion of its being handed over to the almoners, and were greatly struck with its aptness and the perfection of the situation for convalescent patients. There are thirty-four beds. The wards are airy and cheerful, and replete with every accommodation. The grounds are beautiful, commanding a very fine view of London. The effect of the whole arrangements was to make us feel that it would be no bad thing to be a convalescent of St. Bartholomew's. Some will think that Sir Sydney might have found a more needy hospital on which to bestow his handsome and humane present. But a poor hospital could scarcely utilise such a gift as it deserves to be utilised, and there can be no doubt that to St. Bartholomew's patients it will be a very great boon. Many more such institutions are wanted, and not the least advantage of Sir Sydney's generosity will be to suggest a similar use of wealth to others. It must greatly enhance the enjoyment of a comfortable life in a suburb to enable the recovering sick to share its air and its beauty in the few sensitive and wantful weeks that follow a great illness.

THE ACTION OF QUININE ON THE COLOURLESS BLOOD-CORPUSCLES.

THE June number of the *Practitioner* contains an important paper on this subject, by Dr. Geltowsky, which derives additional interest from being the result of work done at the Brown Institution, and the first actual contribution to science thence proceeding. The author confirms the statements of previous observers that the addition of a minute quantity of sulphate or hydrochlorate of quinine to drawn blood arrests the movements of the colourless corpuscles, either instantaneously or after a time, according to the quantity used; and he establishes that the action is due to the salt of quinine itself, not to its solvents; and that it is not shared by methyl sulphate of strychnia, urea, or chloride of sodium. Proceeding further from these data, he estimated the quantity of quinine that would be required to affect the whole mass of the blood in a given animal, and injected this quantity into a vein. In every instance either narcotism or death was produced; and the corpuscles, notwithstanding, remained wholly unaffected. The original paper contains full details of the various experiments, and is well worthy of careful study. We trust it may be the forerunner of many others of equal merit.

THE SALOP FRIENDLY SOCIETIES.

AN Association of Friendly Societies, Odd Fellows, Foresters, and the like, has been formed in the county of Salop, and has purchased premises in Shrewsbury for a dispensary. The Association desires to obtain the services of a medical officer, who must have a surgical diploma and the licence of the London Apothecaries' Company, at a stipend of £200 a year, with an unfurnished residence, to attend the members. The fortunate gentleman selected will be entirely debarred from private practice; but drugs, instruments, and conveyances to visit distant patients, will be supplied by the Association. We read in the *Shrewsbury Chronicle* a sensible note of warning against cheap doctoring. It is foolish, almost criminal, for a body of skilled artisans deliberately to expose their health, their only capital, to the risks which are inseparable from such an arrangement as

this. Private practice is a very fair rough test of the capacity of a doctor, since the men who deserve to have patients generally get them. A man who is debarred from private practice, and who is not kept up to his work by official supervision or by prospects of promotion, is very apt to become anything but a fair representative of the current state of the art of healing. The Association will probably have plenty of candidates, mostly men who would be very dear at the money. If they are so lucky as to find a man who is cheap at the money they certainly will not keep him, unless he should possess a private fortune, and an eccentric relish for being grumbled at by Thomas, Richard, and Henry.

BROADMOOR LUNATIC ASYLUM.

BROADMOOR is not a favourable specimen of Government management. As a building it is extremely defective. Many of the rooms are deficient in ventilation, and the domestic offices are much too small for the number of inmates. The drains were most shamefully constructed, and hundreds have been spent in their relaying. For many years fever was continuously present in the establishment, and waterclosets were replaced by earth-closets, the latter being only tolerable because there is a large number of patients able to assist in keeping them in order. Moreover, the management was for a considerable period conducted on very unsound principles. Rigorous discipline and harsh if not cruel confinement aggravated the condition of many of the patients, and no doubt Dr. Orange found a difficulty in making the treatment less harsh without some temporary increase in the number of attendants.

It is therefore quite possible that the expenditure is still larger than it needs to be in proportion to the number of patients, and Mr. Mitchell Henry was right in drawing attention to the subject. But we should be sorry to see the reduction carried out to the scale of Dundrum, where, as it would seem from the remarks of the honourable member, the whole staff are ill-paid, and the patients ill-warmed and badly fed. At a recent visit to Broadmoor we had the opportunity of observing the generally satisfactory condition of the wards considering the very dangerous persons who were therein confined, but we believe that the structural defects of Broadmoor will always entail a considerable expense.

FIREPROOF STARCH.

FROM the scion of royalty to the seamstress or the ballet-girl, more cases of sudden and violent death have been due to the combustion of wearing apparel than to any other cause. Now it is the Archduchess Mathilde of Austria—now the accomplished wife of the poet Longfellow—who falls a victim to her dress catching fire; far oftener, however, it is the poor *danseuse* or *cantatrice* before the footlights, or the still poorer heroine of the "Song of the Shirt." At the International Exhibition at South Kensington there is exhibited a starch which ought to remove all such calamities in future from the category of accident to that of design. Improving on the old and very partially adopted tungstate of soda, Mr. Donald Nicoll has produced a preparation which renders the finest cambrics and muslins, the material of window-blinds, mosquito-curtains—the finer fabrics of every kind, in short—not only uninflammable, but well-nigh incombustible. Henceforth we are entitled to expect that the verdict, hitherto so frequent at coroners' inquests, "Burnt to death by her clothes accidentally taking fire," will reach its minimum; and that the "curse of Prometheus" will, in great measure, be neutralised by this latest addition to the armoury of preventive medicine.

THE HARVEY TERCENTENARY MEMORIAL.

EFFORTS are now being made to form in London a strong committee of noblemen and gentlemen to aid the Folkestone committee in obtaining the funds for this national memorial to one of England's greatest discoverers. Within the past week the sum of £300 has been subscribed; and the movement already has the support of the Archbishop of Canterbury, Lord Granville, the President and Censors of the Royal College of Physicians of London, the President of the Royal College of Surgeons, Sir Henry Holland, Sir Thomas Watson, Sir William Fergusson, Sir William Gull, Sir James Paget, Dr. Bence Jones, Dr. Owen Rees, Dr. Quain, Mr. John Simon, Mr. Curling, Mr. Skey, C.B., and many others. When the funds subscribed shall have given further assurance of success, it is intended to request His Royal Highness the Prince of Wales to preside at a public meeting at the Royal College of Physicians, which has been kindly placed at the disposal of the committee for the purpose.

The object of this committee is to erect at Folkestone a statue of Harvey. The cards and circulars which are still being forwarded to members of the medical profession by Mr. Woodward, the vicar of Folkestone, asking subscriptions for a memorial window to Harvey in the parish church, are not sent out under the authority of the Tercentenary Committee.

We are requested to state that subscriptions may be paid to the "Harvey Tercentenary Memorial Fund" at the Western Branch of the Bank of England, Burlington-gardens; or to the treasurer of the fund, Dr. Bence Jones, F.R.S.,; or to the honorary secretaries, Mr. G. Eastes, M.B., 5, Albion-place, Hyde-park-square, London, and Mr. W. G. S. Harrison, Town Clerk, Folkestone.

POST-MORTEM EXAMINATIONS AT HOSPITALS.

THIS fertile subject of discussion has again cropped up in a metropolitan police-court, this time before Mr. Barker at Clerkenwell. A child, an out-patient, died suddenly at the Children's Hospital in Great Ormond-street, and the mother left the corpse there. When she claimed it, it had been examined; and she applied to the magistrate, and drew a pathetic picture of her own sufferings at the discovery. The house-surgeon proved that a post-mortem examination had been necessary in order to certify to the cause of death, and Mr. Barker very sensibly advised the applicant to go away and say no more about the matter. But it is really high time that hospital committees should make rules on the point, and should declare that the giving of advice and medicine shall carry the right to perform a post-mortem examination on every patient dying within the walls. The few cases in which permission is obstinately refused are usually those in which the autopsy would be most valuable, and an ignorant or superstitious prejudice ought no longer to stand in the way of the public good.

DEATH REGISTRATION IN IRELAND.

IN his remarks on the causes of death in Ireland, appended to the sixth annual report of the Irish Registrar-General, Dr. Burke makes the rather trite observation that "many persons die in Ireland unattended by any medical man," and further, that "some physicians and surgeons object to the form of the certificate of the cause of death." To these facts are attributed the large number of "uncertified" deaths returned annually. So far as the former cause is concerned, Ireland is probably no worse off than England, while, as regards the latter cause, the form of the English certificate has been often enough objected to, and medical

men in both countries have some reason to complain of the obstinate adherence of the Registration Departments to a formula which might advantageously be rendered more elastic than it is at present. It is remarkable that in Ireland the cause of death was either left unspecified or was so ill-defined as to defy classification in one out of every 39 deaths registered during the year 1869, the corresponding proportion for the same year in England being one in 140. Considering that many of the Irish registrars are medical men, whereas in England the medical element enters very sparingly into the composition of the body of local registrars, the result just mentioned is very curious indeed, and invites explanation. Cannot Dr. Burke account for this anomaly?

THE CONTAGIOUS DISEASES ACTS.

WE are glad to observe that the opponents of these Acts are no longer suffered to have things all their own way at the various meetings which they convene. In the earlier stages of the agitation, and when disgust at its character was the chief feeling that it excited, unprejudiced persons kept away from these meetings, and were content to remain unrepresented and unheard. But gradually the opinion has gained ground that the course of legislation should not be left at the mercy of a few noisy and unscrupulous partisans; and common sense is beginning to show signs of asserting itself. At a meeting held last week at Portsea, the usual resolution demanding the total, immediate, and unconditional repeal of the Acts was met by an amendment to the effect that they had benefited the people of this country both physically and morally, and that they ought not to be repealed. Discussion does not suit the opponents of the Acts; and the meeting became a scene of indescribable uproar. Nobody could be heard, and the division was so close that when the chairman declared the resolution carried, a strong protest was made against his decision.

ARTISANS' MEDICAL CHARITIES FUND.

THE workpeople of Birmingham are being energetically called upon to subscribe in their workshops and factories for the support of the local medical charities. It seems that the men of Glasgow have long done this in a systematic and organised manner, and their contributions now amount to over £6000 a year, or to about one-half of the total of the subscriptions. The Birmingham men contribute about £800 a year; and this sum, although so far short of the example now held up to them for imitation, is probably enormously in excess of what is given in the same way anywhere else in England. The Birmingham Committee have drawn up some excellent rules for the management and distribution of the artisans' fund, and they hope to set an example which the rest of the country will follow. Surely it might be followed without delay in the metropolis, if only hospital managers would put themselves in communication with employers and foremen, and with the working men who are known as leaders in the various trades. A liberal artisan contribution to the London hospitals would remove many of the difficulties which now sorely perplex Sir Charles Trevelyan and his fellow-workers.

ABERDEEN LYING-IN HOSPITAL.

THE charitable people of Aberdeen appear to have convinced themselves that the benefits of a lying-in hospital are greater than its attendant disadvantages; and they have established such an institution as a branch of their General Dispensary. It is under the medical charge of Dr. Inglis, the Professor of Midwifery in the Aberdeen University; and, like Queen Charlotte's Hospital in London, will receive married women, and unmarried women in their first confinements only. We wish every success to an experiment that merits all possible sympathy, if only periods of excessive maternal mortality can be avoided. Surely the progress of sanitary science, and the increasing knowledge of the conditions favourable to septicæmia, ought to render such avoidance possible.

ARMY MEDICAL DEPARTMENT.

THE annual general meeting of the Army Medical Officers' Friendly and Benevolent Societies were held on the 30th ult. at the Army Medical Board, Whitehall-yard. On this occasion the Actuary's Report of the last quinquennial examination of the Friendly Society was presented to the meeting, and proved to be of a highly satisfactory character, so much so, that it was unanimously resolved that the widows' annuities be increased from £44 to £48 for the first class and from £22 to £24 for the second class. The donations and subscriptions to the Benevolent Society for the past year had been very liberal, enabling the meeting to distribute the sum of £705 among the different applicants.

SMALL-POX AT ROWLEY.

SMALL-POX seems to be taking many of the paupers of Rowley away from all their troubles. Mr. Ker, the newly appointed medical officer, says, in a letter to the board, it has committed sad havoc among them, and that unless he is assisted by the local authorities all his efforts will be useless. The vaccination officer found small-pox in every other house. But one of the guardians, Mr. Bassano, at a recent meeting, expressed himself surprised at the contents of the medical officer's letter. He seemed to think that it was unnecessarily alarming or disturbing. True, he said that forty persons died of the disease in one week, the population being about twenty thousand; but since then the disease was rather on the decrease, and he was satisfied that if there were any increase the local board would immediately assemble and do what was required. Forty deaths in one week, and the small-pox in every other house, would seem urgencies enough to justify an immediate meeting of Mr. Bassano and his colleagues. But it will be rather like shutting the stable door when the horse has been stolen.

BOARD OF TRADE INQUIRIES.

A BILL has been brought into the House of Commons by Mr. Chichester Fortescue which has for its object to set at rest doubts which have been entertained as to the mode in which inquiries under the Metropolis Water Act of 1871, and other inquiries of a similar nature, should be conducted. The Bill simply provides that, whenever in any Act of Parliament it is directed that an inquiry shall be instituted by the Board of Trade, such inquiry shall be deemed to have been duly held or instituted if conducted by any person duly authorised in writing by the President or either of the Secretaries of the Board.

THE DENGUE FEVER.

DENGUE, which has prevailed so generally in Calcutta, is gradually extending far and wide in India. The disease, as we long ago intimated, first of all attacked the garrison of Aden, where it was believed to have been introduced from Zanzibar. Few of the Europeans resident at Aden escaped. It is evidently a highly contagious and specific form of fever, but happily attended with little or no danger to life. It does not appear to be identical with scarlatina. The temperature chart of the two diseases is different, and dengue does not seem to be followed by the sequelæ that are so common after scarlatina.

NAVAL MEDICAL SERVICE.

WE have much pleasure in calling attention to the valuable cases of operative surgery by Deputy Inspector-General Bernard, R.N., communicated by the Director-General of the Navy Medical Department, and published in this week's LANCET. It is always a satisfaction to us to help forward the publication of reports from the medical officers of the public service, who are thereby stimulated to exert themselves, and are encouraged to take every opportunity of showing themselves to be able and enterprising surgeons. We congratulate Dr. Bernard on the success which attended his operations.

SMALL-POX IN THE METROPOLIS.

AT the meeting of the Metropolitan Asylums Board it was stated that there was a considerable decline in the number of admissions to the Small-pox hospitals. Mr. Stewart complained that unvaccinated children continued to be admitted into Stockwell. At Hampstead the committee propose to close the hospital when the numbers of fresh cases fall sufficiently low to be taken in at Homerton and Stockwell. A very flagrant case of a servant with small-pox being allowed to walk to the hospital was brought under the notice of the managers. The occurrence was the more reprehensible as the patient was in the service of a medical man. The particulars were forwarded to the Local Government Board.

THE WEST DERBY GUARDIANS AND THEIR MEDICAL OFFICER.

THE West Derby guardians have been rather hard upon Dr. Anderson. They have called upon him to resign for having neglected to send in the return of the number of patients attended by him in the half-year. If Dr. Anderson had been charged with neglecting his patients, and the charge had been admitted, we should have had no sympathy with him; but when we recollect the extremely fictitious character of these returns, and their utter uselessness—indeed the public never hear of them again,—we hope that the memorial of Dr. Anderson requesting the guardians to accept the expression of regret for his neglect will be favourably received.

ST. THOMAS'S HOSPITAL.

ACCORDING to a question and answer in the House of Commons on the 14th inst. the managers of St. Thomas's Hospital seem likely to come to loggerheads with the sanitary authorities. Mr. Sclater Booth said that "volumes of smoke of a most objectionable character" came from the hospital. Mr. Bruce replied that it was under the jurisdiction of the Local Board of Health, and added that the police authorities evinced great vigilance in carrying out the Smoke Act.

THE Small-pox Committee has, within the last few days, addressed a letter to the Sanitary Committee of the Town Council of Dublin, requesting to be informed whether any steps in the way of precautionary measures are contemplated by the Town Council. It is weeks since we heard of 1000 or 1500 people being dead of small-pox. Can it be possible that the sanitary authorities are still indulging only in contemplation?

THE profession will rejoice to learn that Dr. Hughes Bennett, Professor of the Institutes of Medicine in the University of Edinburgh, has returned from Italy and the South of France so far reinstated in health as to commence his clinical course in the Royal Infirmary.

THE Waynflete Professorship of Chemistry at the University of Oxford has been conferred on Professor William Odling, some time Fullerian Professor of that subject at the Royal Institution. Professor Odling, besides the superior value of his contributions to chemical and physical science, had another advantage over his opponents in possessing a complete medical education—an advantage which, in the present phase of public hygiene, cannot fail to be felt in a seat of learning where the public health question is levying contributions on nearly every scientific chair.

LIGATURE of the common carotid, even in our London hospitals, may be regarded of such rare occurrence as to deserve special notice when the operation happens to be performed. Mr. Wagstaffe tied the artery on Monday night at St. Thomas's in a man who suddenly lost a large quantity of arterial blood five days after his upper jaw had been removed for a tumour affecting it. Mr. Wagstaffe used the catgut ligature, and cut the ends short, leaving them in the wound. The man on Wednesday was doing well, and the wound was healing by first intention.

MR. DALRYMPLE extracted from the Home Secretary on Monday that since last session a great number of prosecutions had been instituted under the Workshop Act. The Act, applying to a more ignorant class than the Factory Act dealt with, was imperfectly understood, and eight sub-inspectors had been added to the force. Many years must elapse before the Act could be fully carried out, the difficulty being far greater in dealing with men engaged in the petty trade to which the Workshop Act applied.

THE allotment of the "Hospital Sunday" Fund at Manchester has taken place. The Royal Infirmary has, of course, received the largest share—viz., 42½ per cent. of the whole fund, amounting to £2800. St. Mary's Hospital comes next, with a percentage a little over 9, amounting to £593; while the Salford and the Children's Hospitals derive about 8, and the Eye Hospital 7, per cent.

ONE of the Liberal candidates for the representation of Aberdeen city is Sir James Clark, son of the late physician to Her Majesty. From the hon. candidate's medical antecedents, we wish him all success—the more especially when the public health and medical reform are questions which will soon occupy the political foreground.

H.R.H. THE PRINCESS OF WALES has signified her intention of laying the first stone of the new building in connexion with the Children's Hospital, Great Ormond-street. The Prince of Wales is expected to accompany the Princess on the occasion.

THE Governor-General of India has ruled that a commissioned medical officer in the army, holding a civil medical appointment, is subject to the rules applicable to other military officers in civil employ, in respect to privilege and other matters.

AT least two appointments beyond cavil have been made towards the constitution of the English Examining Board. Dr. Paget, Regius Professor of Physic, and Dr. Humphry, Professor of Anatomy, have been elected to represent the University of Cambridge.

THE mortality in London and twenty other large towns last week was at the rate of 22 deaths annually to every 1000 of the population. In the metropolis, 2189 births and 1207 deaths were registered. London is just now unusually healthy.

LORD HENRY LENNOX presided on Wednesday evening at the annual *conversazione* of the Society of Arts in the South Kensington Museum. Music, vocal and instrumental, accompanied the visitors through the art schools, the picture collections, and the art library, which were all brilliantly illuminated. Nearly every taste, intellectual or æsthetic, must have been gratified at this entertainment, so rich in the *chef d'œuvres* of art and the curiosities of nature.

MR. CHARLEY having moved the second reading of the Bastardy Laws Amendment Bill, on Wednesday evening, was congratulated by Mr. Stansfeld on the reception the House had given the Bill. Mr. Stansfeld was desirous that its clauses should receive careful consideration in committee, as he thought there was hardly a point connected with the bastardy laws which might not be amended. The Bill was read a second time, and goes into committee on the 12th July.

YELLOW FEVER still prevails at Pernambuco, and very few British crews escape without loss of hands. It is clearly the duty of the Marine Department of the Board of Trade to issue special precautionary notices relative to the general treatment of the disease, as none of the vessels trading between this and Brazil carry medical officers.

WE are glad to see that travellers and men of science like Colonel Grant and Mr. Beke are urging the propriety of Dr. Livingstone's returning home, and leaving (as we have often suggested) the task of further exploration to such men as Lieutenant Dawson and his gallant comrades of the search expedition.

THE *Pall Mall Gazette*, commenting on a recent suicide by poison in a cell at Bow-street police station, insists upon a thorough examination of the clothes of prisoners before being locked up, and points out the depressing accessories of cell-confinement. Our contemporary's remarks on the matter deserve the attention of the authorities.

MR. EDWIN RAY LANKESTER, B.A., was on Wednesday elected to a Natural Science Fellowship at Exeter College, Oxford. Mr. Lankester had obtained, in 1869, the Burdett-Coutts Scholarship, and in 1870 the Radcliffe Travelling Fellowship.

THE *Liverpool Daily Post*, in a well-written article entitled "Medical Fencibles," ridicules the attempt to impose an examination on volunteer surgeons. Our excellent contemporary has shown a keen appreciation of the question.

A FEW cases of sunstroke are reported to have occurred in Paris during the early part of this week; and a man died at Shrewsbury from a similar cause.

LEICESTER is said to be suffering severely from small-pox. One of the local papers calls for energetic measures, such as house-to-house visitation.

IT appears from recent advices received by the Board of Trade that all Russian ports are now declared free from cholera.

IT is stated that the health of the Princess Thyra of Denmark is so much improved that she will shortly leave Geneva.

CHOLERA broke out on board the *Poonah* some three months ago, continued for three weeks, and killed seventeen coolies and one seaman.

PRESENTATION OF PRIZES AT ST. MARY'S MEDICAL SCHOOL.

THE prizes were presented to the successful students at this school on Thursday, June 13th, by Thomas Hughes, Esq., M.P., in the presence of a large company of visitors.

The Dean's report showed that there had been a considerable increase in the number of students who had entered during the past year, and that the establishment of the valuable open scholarships in Natural Science and the appointment of a medical tutor for the advanced students had been attended with highly satisfactory results.

After the prizes had been presented, Mr. Hughes delivered an earnest address, in which he showed that it was the clear duty of every true man to be searching and questioning in the field which he had to work in, with a fixed resolve to follow wherever his inquiries might lead him. The object of search must be the discovery of truth, and the pursuit of this was perfectly consistent with a spirit of reverence and toleration. The speaker then drew attention to the great disadvantages under which medical students labour, in having to enter upon a study so vast and comprehensive as that of medicine without any knowledge of the sciences upon which it is based to start from. Although a great advance had been made of late years by the introduction of physical science as an integral portion of primary education in certain schools, he believed that the only quick and certain means of securing the proper grounding of students in elementary science before they entered a medical school would be that these institutions should agree to establish a matriculation examination in the elements of botany, chemistry, and physics. In conclusion, Mr. Hughes dwelt upon the noble and beneficent nature of medical work, and the obligation which rested upon all who undertook it to enter upon it in no mere commercial spirit, but with an enthusiastic desire to gain a widening insight into the creation of God, the harvest field in which they had been sent to labour.

THE CASE OF "DR. JOHN HAMILTON."

AT the Marlborough-street Police Court on Friday, June 14, John Hamilton was summoned before Mr. Knox for a false assumption of medical titles under the Medical Act, 1858. Mr. Froggatt appeared for the complainant, and Mr. Ricketts for the defendant.

Mr. FROGGATT explained that the summons was taken out under the 40th section of the Medical Act, providing that any person falsely assuming the title of physician, doctor of medicine, &c., should be liable to a penalty of £20. The defendant kept a shop in Oxford-street, No. 404, and on his door were the words "Dr. Hamilton, surgeon," and other words implying that he was a medical practitioner. Books had also been purchased at the shop in which the defendant described himself as "M.D., surgeon." There was also a lamp over the door with the words, "J. Hamilton, M.D., accoucheur." There had been several cases argued upon this point, the latest of which was that of Andrews *v.* Styrap, which was recently heard on appeal in the Court of Exchequer. Mr. Froggatt was about refer to a report of the case in THE LANCET, but Mr. Ricketts interposed, and objected to a citation from any other than the legal reports.

Mr. KNOX.—Technically you have a right to object, but you are doing a very foolish thing for your client.

After some conversation on the subject THE LANCET was read. (Our readers will remember that the case was one of a druggist assuming the title of M.D., and seeking to justify it by a diploma of the University of Philadelphia.)

Mr. FROGGATT said that the defendant's name was not to be found in the Medical Register, and that was to be taken as evidence against a defendant unless the contrary was proved.

Mr. RICKETTS said that the question was purely one of law. He was willing to admit that the defendant had assumed the title of Doctor; the question was whether he was not entitled to do so.

Mr. C. W. J. DEAKIN, house-surgeon of St. Mary's Lock Hospital, gave evidence of the words printed on the defendant's door and lamp, and also proved the purchase of a book at the shop purporting to be by "J. Hamilton, M.D., surgeon."

Dr. HAWKINS, Registrar of the Medical Council, produced the Medical Register, and stated that the defendant's name did not appear therein.

Mr. FROGGATT, in cross-examination, asked Dr. Hawkins if the Register did not contain the names of two persons holding diplomas of the Metropolitan College of New York.

Dr. HAWKINS replied that it did, but explained that those gentlemen were members of the College before the passing of the Act, otherwise they could not have been registered. Foreign or colonial qualifications could only be registered on two conditions: they must have been obtained before the passing of the Act, and the holder must, before the Act, have been practising in the United States. The defendant had never claimed to be registered. He had no qualification which could be registered.

Mr. RICKETTS handed in a diploma said to have been obtained by the defendant from the Metropolitan College of New York.

Mr. KNOX said he was doubtful whether he could receive the document in evidence. It could not, he thought, be taken to prove itself.

Mr. FROGGATT said there was nothing to show that it was a properly authenticated document. The fact was that the College in question only existed about twelve months, and then lapsed. Since then certain persons had been selling the very degrees Mr. Ricketts had produced for sums of £10, £15, and £17. It was a perfect farce to produce such a document.

Mr. KNOX said it was, no doubt, desirable that the question raised in the summons should be settled; and he was ready to grant a case for that purpose, if desired.

Mr. RICKETTS said he was desirous, on the part of his client, to have the matter decided in a superior court.

Dr. HAWKINS stated, in answer to Mr. Ricketts, that the College at New York was at first recognised by the Medical Council; but it was afterwards ascertained that that recognition was in error. Two persons had been removed from the Register because they had presented forged diplomas of that College.

Mr. RICKETTS asked Dr. Hawkins if he knew whether the College required its members to pass through a course of instruction similar to that required in England.

Dr. HAWKINS said that the Medical Council had found the standard of the College too low. They ceased to recognise it; and he (Dr. Hawkins) had been informed that it had ceased to exist.

At the suggestion of Mr. KNOX, the complainant, Mr. Chandler, of Berners-street, was called, and gave evidence as to the titles assumed by the defendant. In cross-examination by Mr. Ricketts, he said he was a member of the College of Surgeons, but called himself "Dr." as he was a registered practitioner, and was a "doctor" by profession. He repudiated the suggestion that he had ever proposed to become a partner with Dr. Hamilton, but said he had supplied him with some surgical appliances that he had invented, in the ordinary way of business. His reason, he said, for taking proceedings against the defendant was similar to that of the theatrical managers in instituting proceedings against music-hall proprietors. He had expended time and money in studying and in passing the necessary examinations, and he asked for the protection of the Act of Parliament to prevent other persons with no legal qualifications setting up in opposition to him.

In answer to Mr. Froggatt, the witness said that he had been offered one of the documents produced for £15, and had seen them advertised in the paper. They might, he said, be obtained in any quantity almost by the bushel. He had received the sanction of the Medical Council for obtaining a summons against the defendant.

Mr. RICKETTS addressed the magistrate on behalf of the defendant. He contended that the diploma produced was a sufficient test of the capacity of the holder; it showed that he had passed through the requisite course of study, and it was signed by six professors. Mere registration conferred no title or qualification *per se*, it simply gave to those who were registered certain advantages, while those who were not registered were under certain disadvantages. There were many sections in the Act which clearly contemplated the practice of medicine and surgery by persons not registered, and the disqualifications of those persons were clearly pointed out. All that was required was some method of distinguishing competent from incompetent persons. His client did not "falsely pretend" to be a doctor, for he was such by virtue of his certificate. This matter had been already investigated twice at Liverpool. His client had been summoned before Mr. Mansfield, who dismissed the summons, considering that the Act was intended only to protect the public from incompetent persons. Another summons was also taken out before Mr. Raffles with the same result. The matter was afterwards argued before the Queen's Bench, but unfortunately there was no legal report of the case. The mere assumption of the title of doctor of medicine or surgeon did not imply that the person was registered under the Act; and he therefore submitted that the defendant should be dismissed.

Mr. FROGGATT drew attention to the 34th section of the Act, which stated that the words "legally qualified medical practitioner" or "duly qualified medical practitioner," or "any words importing a person recognised by law as a medical practitioner or member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act." He also cited the 40th section, imposing a penalty for falsely pretending to be "registered under this Act," and various other sections of the Medical Act.

Mr. KNOX said that the Act which was passed in 1858 gave a list of persons under schedule A who should be entitled to register, and provided for the admission of doctors of medicine of any foreign university or college who had practised as physicians before 1858. He held the meaning of the Act to be not only that there were certain disqualifications, such as the inability to sue and to hold certain offices, but that if any person took any of the titles mentioned in the Act without proceeding a step further and getting himself registered he rendered himself obnoxious to a penalty. In order to enable the parties to try the question in a superior court, he would impose a penalty of 40*s*.

It was then arranged that a case should be prepared and submitted to the magistrate for his approval.

Correspondence.

"Audi alteram partem."

COMPETITION FOR THE MEDICAL SERVICE OF INDIA.

To the Editor of THE LANCET.

SIR,—In your issue of the 15th inst. you express surprise that a paper, read by Dr. Birdwood, on the above subject, has not attracted more attention, and seem to invite discussion on it in your columns.

Dr. Birdwood maintains that a large number of men are admitted under the system of open competition who would have had no chance of passing when Dr. Scott examined the nominees of the directors of the East India Company.

I look in vain in Dr. Birdwood's paper for any evidence in support of this confidently expressed opinion. Under the old system the Court of Directors gave nominations to their friends or their "friends' friends," without reference to the qualifications of the nominee, beyond the possession of a diploma from one or other of the licensing bodies. The examination by Dr. Scott was notoriously trivial, lasting only for a few minutes; and I have high authority for saying that the rejection by that gentleman of a director's nominee was so rare an occurrence that it is doubtful whether such an event ever took place at all.

Under the system of open competition the candidates must possess a qualification in medicine and surgery; they have to submit themselves to an independent Board of Examiners, consisting of four of the most eminent men in the profession. The examination is not, as Dr. Birdwood wished his audience to believe, a "paper examination" merely, but a searching inquiry into the acquirements of

the candidates extending over seven days, including a bedside test in the wards of one of the great hospitals and the performance of surgical operations on the dead body. The men who pass this ordeal are then sent to Netley, where they receive instruction on the specialties of tropical and military medicine, surgery, pathology, and hygiene. Another practical, not merely a "paper examination," awaits them at the end of the course, which must be successfully passed before the candidates obtain their commissions. Whether this system was or was not "copied from the effete Chinese" I am unable to say, not being so well informed on this point as Dr. Birdwood; but I submit that, on the face of it, the new system offers a better test of professional fitness than nomination in the dark, backed by a sham examination.

It appears to me that in discussions on this subject those who are opposed to the system of open competition are apt, consciously or unconsciously, to put forward the Martins, Annesleys, Malcolmsons, Moreheads, Goodeves, Mackinnons, Chevers, Macphersons, and men of like stamp of the old service, and to write and talk as if the whole medical service of India, under the system of nomination, was made up of such men. Twenty-one years' service in India has otherwise instructed me. Men such as I have named would come to the front under any system; there is certainly nothing in the system of competition to deter them, and of this I am certain, from what have I seen, that the effect of it ere many years will be to raise the professional status of the general body to a higher level than it ever reached before.

I am at a loss to understand what Dr. Birdwood means when he proposes to "correct the abuses of competition by throwing open the public services to the public schools, the Government inspected schools, and the universities throughout the country." The obvious reply is, that the competition is already as "open" to such schools and universities as it can be made. If Dr. Birdwood means, as I rather gather from the whole drift of his paper, that it should be restricted to the pupils of such schools and universities, his proposition is as inadmissible in the present state of public opinion on such questions as one to restore the close system of nomination to a seat in Parliament would be in political life.

I have the honour to be, Sir, your most obedient servant,

W. C. MACLEAN.

Royal Victoria Hospital, Netley, June 18th, 1872.

THE OBSTETRICAL SOCIETY AND MIDWIVES.

To the Editor of THE LANCET.

SIR,—In your last issue you are pleased to apply the term "absurd" to the action of the Obstetrical Society of London in endeavouring to improve the education of midwives. It is certainly "absurd" in this highly civilised country that an "amateur" body should feel the need of it. It is surely to be regretted that it should be found an impossibility to induce Government or our medical corporations to stir in the matter. Nothing could be more satisfactory than to find the powerful influence of THE LANCET brought to bear on this subject. Till this is the case, pray permit the feeble "amateur" attempts of the Obstetrical Society to pass without ridicule. This Society has moved in the matter simply in the cause of humanity, and because no one else would. It is only too well known to those who have inquired into the subject that numberless women are attended by completely ignorant women, because in very wide-spread districts, and in very populous ones, the needs of the community are greater than our profession can meet, or the remuneration too slight to induce its members to accept it. It is precisely because there is no compulsion, no legal status, that the Society has adopted the plan it has. Other wiser plans may doubtless be suggested, but there are practical difficulties in the way of each. Either the examiners must go to the provinces or the candidates to London, or the examiners reside in the provinces. The latter was considered the only plan practicable at present. As it was only contemplated to form local boards in the largest provincial towns, and as in these a hospital, infirmary, or medical school would certainly exist, and as those in authority there, in almost every instance, are Fellows of the Society, the local board would be formed of men who would command confidence. Besides, as the examination is only for the knowledge of natural labour and the recognition of difficulties, there is really nothing that would necessitate in the examiner anything more than the knowledge every day required in general practice. But with regard to its interference with its "interests," the profession cannot rightly complain till it is capable of showing that it can meet, or will, in all circumstances, meet the demands of the population. Till then it is in duty bound to see that its lay-helpers are in some degree trustworthy.

J. BRAXTON HICKS,
President of the Obstetrical Society of London.

St. Thomas's-street, S.E.

*** It is our duty as journalists to view the matters that come before our notice under all their aspects; and Dr. Braxton Hicks must not blame *us* because the doings of his Society must sometimes have a comic aspect, which, in this particular question, was brought into prominence by the proposal to form a local board. Doubtless there are other aspects also. But why should not the Society use its own "powerful influence" with the Government and with the corporations, instead of taking the law into its own hands?—ED. L.

MECHANICAL RESTRAINT IN CASES OF INSANITY.

To the Editor of THE LANCET.

SIR,—In certain rare and exceptional cases of insanity the use of mechanical restraint is for the good of the patient, and therefore justifiable and right. I expressed this opinion at some length in THE LANCET of May 18th. You tell your readers that my opinions are exceptional and erroneous, and that Dr. Conolly would have condemned them.

The valuable letters of Dr. Murray Lindsay and Dr. Hills are perhaps a sufficient answer to your remarks; but anyone who desires further testimony may very readily find it. Avoiding all personal selection, I need only quote the two eminent physicians who have been chosen by the Lord Chancellor from the rank of asylum superintendents to be his special advisers in cases of insanity and visitors of Chancery lunatics. These gentlemen have long been known as earnest advocates of non-restraint, yet Dr. Bucknill says ("Psychological Medicine," p. 562) it is "impossible to deny that the imposition of mechanical restraint may in rare instances be rendered necessary for the safety of the patient"; and Dr. Lockhart Robertson reports ("Journal of Mental Science," No. 34) a case of homicidal mania where restraint was imperatively demanded for the safety of others, and concerning which he writes: "Had that stay (in the Sussex County Asylum) been prolonged till the day of his death, I should not, I think, have felt myself justified in authorising the entire removal of the restraint." As representing Scottish superintendents, I may cite Dr. Skae, of the Royal Edinburgh Asylum, who never hesitates to use restraint when he thinks it for the patient's good. As representing Irish superintendents, I may cite Dr. Stewart, of the Belfast Asylum, who, in his latest report, speaks of restraint "as a matter as well of necessity as of mercy" in these exceptional cases. Indeed, so far from being singular in holding that restraint is *sometimes right*, I do not know any superintendent of a public asylum who affirms that it is *always wrong*.

Dr. Conolly's biographer, Sir James Clark, may surely be taken as a correct expositor of his views, and in the memoir (p. 160) I find the following:—"It is desirable therefore that it should be understood that there is no such thing as an absolute repudiation of restraint in the treatment of the insane. The warmest advocates of non-restraint admit that cases may occur in which it is proper to resort to mechanical restraint, and by this admission we do not think that we invalidate the principle, which is not of universal application, though it is made as nearly universal as possible, and is departed from only when the necessity for doing so is clear, and then with a regret that there is no better way of attaining the object." I entirely accept this statement, and claim for the physician who is responsible for the case the

sole and absolute right to decide when this necessity exists. It is absurd to allege that the superintendent, whose professional position empowers him to seclude his patient in a room and to administer the most potent drugs, is incapable of determining *when* it is necessary to fasten his hands.

But more valuable by far than any individual opinion are the views which the Lunacy Commissioners have been led by their vast experience to form on this subject. Their opinion is not doubtful.

They have never condemned Dr. Hills' practice nor my own. Dr. Blandford mentions ("Insanity and its Treatment," p. 211) that he has employed restraint in suicidal cases at their suggestion, and I am able to state from direct information that in the shocking case of self-injury referred to in my previous letter the commissioners who visited the asylum recommended restraint as necessary to the patient's safety. The recommendation was not adopted, and the patient, though constantly watched by two attendants, gouged out both his eyes.

Such a case as this should convince anyone, and further argument is useless.

Unnecessary restraint cannot be too strongly condemned, but to reject its use when necessary for the patient's welfare is to sacrifice the patient to a sentiment, and to degrade "Non-restraint" from the expression of a great principle into the tyranny of a mere name.

I am, Sir, your obedient servant,

Glamorgan County Asylum, June 10th, 1872. D. YELLOWLEES, M.D., Medical Superintendent.

"CLERICAL CANVASSING."

To the Editor of THE LANCET.

SIR,—It is a matter for regret that the anonymous correspondent in your last number did not take the trouble to ascertain the truth of his accusation before he invited you to publish and comment upon an *ex parte* statement calculated to reflect most injuriously on my moral rectitude. It unfortunately happens that a charge of such a nature may be made against a man without just cause, which produces all the odium of a proved crime, for the simple reason that the accusation appears in a paper and is read one week, whilst a week must elapse before the explanation can be offered, which even then may not be read. In the letter alluded to I am accused of canvassing for a post at the Manchester Infirmary before there was a vacancy, and of speculating upon the death of one of the present staff. The whole charge, to which I can give a most emphatic and unqualified denial, is based upon a misapprehension of the circumstances of the case. The following brief statement of facts, which I have to request you will allow me to give, will enable your readers to judge of my position for themselves:—Some months ago, and certainly before anyone was aware of the illness of the surgeon referred to, I and others were authoritatively informed that the board of management in connexion with the hospital would, ere long, proceed to appoint a certain number of assistant-surgeons to that institution. This was quite openly spoken about, and it was pretty generally known in medical circles that such was the intention of the board. Subsequent events have proved the accuracy of my information, as at a special general board held on the 10th inst. the intention to elect assistant-surgeons was publicly announced.

The wording of Canon Bentley's letter, I beg you to note, distinctly mentions "one of the appointments," and I could adduce the testimony of at least a dozen leading medical men in Manchester who would affirm that my canvass was for an assistant-surgeoncy, and had no reference whatever to the post now held by the senior surgeon. I may further state that the electors are so large a body, more than 1500, that it has ever been the custom of candidates for appointment to the honorary surgical staff of the infirmary to commence a canvass long, even years, before a vacancy was likely to occur, so that in soliciting votes I was merely adopting the usual procedure.

The explanation which applies to myself equally exonerates Canon Bentley, and I feel myself called upon to apologise to him for his having been accused by you of a "want of moral sense." If a life devoted to well-doing and acts of silent charity, an ever willingness to uphold the dignity of the medical profession, are qualifications for such a charge, then, and then only, could you speak thus of my friend.—I beg to remain your obedient servant,

Manchester, June 17th, 1872. WALTER WHITEHEAD.

*** If Mr. Whitehead had read our observations more carefully, he would have perceived that we, at least, did not accuse him of anything. The gravamen of the charge against Canon Bentley was, that he invited subscribers to *promise their votes* before all the candidates were before them; and this seems to be unaffected by Mr. Whitehead's explanation.—ED. L.

THE PUBLIC HEALTH BILL—MEDICAL OFFICERS OF HEALTH.

To the Editor of THE LANCET.

SIR,—The importance of this subject at the present time will, I trust, be a sufficient apology for my again troubling you with it. I gave last week three or four reasons why I consider union medical officers are unusually well qualified to undertake the duties of officers of health.

Allow me to say in addition, that by giving the union medical officers a higher status, the opprobrium which is generally attached to them (and through them to the profession generally), especially in large provincial towns, will in great measure be removed. I might enlarge on this subject, but will content myself with reminding you that they are about 4000 in number, and represent about one-fourth of the profession in the kingdom.

To show the importance of some change being made, I will merely remark that in Worcester the death-rate now is exactly the same as it was in the year 1850—viz., 23 per 1000,—notwithstanding that we have spent £71,000 or £72,000 in public matters, and are now just landed in a Chancery suit.

The opposition to the Public Health Bill altogether will, I am sure, be very great; and I trust the profession will rise to one man and support it. Domestic reforms are generally postponed until *next* session, when war breaks out, or Mr. Gladstone again mounts his political hobby-horse, or some calamity occurs, when domestic reforms again go to the wall.

We all know the saving of life and money, and other good, which has attended the Contagious Diseases Act (Animals). If Mr. Stansfeld will give us dispensaries in large towns, and make an adequate arrangement for the appointment of union medical officers as officers or deputy officers of health, we shall then have a Contagious Diseases Act (human beings), and which will doubtless be attended with the same happy result as the former.

I am, Sir, your obedient servant,

Worcester, June 17th, 1872. WM. WOODWARD, M.D.

To the Editor of THE LANCET.

SIR,—I wish kindly to ask all Poor-law medical officers to send me on post-card an answer to the following inquiry, mentioning the union to which they are attached:—"Do you prefer being appointed sole health officers under inspectorial supervision of the Local Government Board; or deputy health officers, having one of your local medical men appointed as medical officer of health between you and the Board?"

I may take the present opportunity of assuring Poor-law medical officers that Mr. Stansfeld has given a complete denial to the erroneous statement which has been made, and which has had the injurious effect of getting up petitions against the Bill, that the additional sanitary duties will not be attended by increased remuneration.

I am, Sir, yours truly,

J. WICKHAM BARNES.

12, George-street, Mansion House, June 18th, 1872.

CANCER.

To the Editor of THE LANCET.

SIR,—While search is being made for a *cure* for cancer, it will not be uninteresting to many of your readers to hear of a *palliative*. I have used as a lotion, with great pallia-

tive success, in a case of cancer of the breast, and in another case of cancer of the rectum, an American drug, "hydrastis Canadensis"; it was preferred by both patients to any other form of lotion, for its painlessness and for its power in keeping the surface in a more healthy condition and free from offensive odour. The strength in which it was used was one drachm of tincture to eight ounces of water. Finding it unknown to many practitioners, I have thought the mention of it in the pages of THE LANCET may perhaps bring an improved temporary relief within the reach of some sufferers from this dire calamity.

I remain, Sir, yours truly,

EDWIN PAYNE, M.D., M.R.C.P. Lond.

Selhurst-road, South Norwood, June, 1872.

OBLITERATION OF THE CONJUNCTIVAL SAC.

To the Editor of THE LANCET.

SIR,—Mr. Streatfeild has contributed to your last number an interesting paper, in which, in certain cases, he recommends us, after enucleation of an eyeball, to remove the conjunctiva by dissection and caustics, and to close the resulting cavity. May I be permitted to ask him what becomes of the tears when this practice has been pursued? I suppose the lacrymal gland would undergo atrophy in course of time; but I should expect it first to give considerable trouble.

I am, Sir, your obedient servant,

Wimpole-street, June, 1872. ROBERT BRUDENELL CARTER.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

AT the last meeting of the Town Council here, Mr. John Patterson, food analyst to the Corporation, reported that since February last he had examined forty samples of wheaten flour and twenty-eight samples of oatmeal. Of the forty samples of wheaten flour examined, twenty-three were found to be pure, and seventeen adulterated with rice flour; this substance was generally present to the extent of 5 per cent., but some samples contained 7½ and even 10 per cent.; all the samples were carefully examined for alum and sulphate of copper, but in no case was either of these substances present. Of the twenty-eight samples of oatmeal examined, eighteen consisted of genuine oat-meal, and ten were found to be adulterated with various proportions of barley-meal; about one-fourth of the meal in many cases consisted of barley-meal, and even a larger portion than this was occasionally present. I am sorry to say that the Council treated this report in a very light manner, and so tender were some of the members of the feelings of the fraudulent mixers of food that it was decided not to publish their names until due notice of the intention had been given. The Mayor "thought it was a question whether barley-meal was not better than oat-meal, and whether rice was not better than flour." But it is a matter of very great importance to many of the poorer inhabitants of our town, to say nothing of the slur cast on the commercial morality of the place by the evidence of such practices. It might also become a question of high importance to the Mayor himself had he to purchase and subsist principally on this adulterated food.

Dr. Heath, in some able letters to the daily papers here a short time since, suggested the establishment of a training-school and home for nurses in connexion with our infirmary. The great want of such an institution here has been long apparent to all practitioners in the district, and we are much indebted to Dr. Heath for setting the project in motion. On Friday last a large and influential meeting of ladies and gentlemen favourable to the establishment of the home was held in the infirmary, under the presidency of Sir William Armstrong. Many promises of support were received from the profession and from wealthy families in the district, and a committee was appointed to draw up a scheme for the carrying out of the project, and to report to another meeting of those interested in the movement by the middle of next month.

Newcastle-on-Tyne, June 10th, 1872.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE financial results of the grand Fancy Fair and Bazaar, held in Sefton Park, in aid of the funds of the Royal Southern Hospital, were published on Saturday last, and prove most satisfactory. A net result to the credit of the hospital of £20,050 is an announcement which has elicited from the public and the press a unanimous expression of approval; the more so because a feeling had begun to manifest itself that we were likely to find again, as in the Stanley Park Bazaar, the expenditure had been enormous. The management, however, has been very different in this case; and the close supervision which was exercised by each sub-committee over the work allotted to them prevented any extravagant outlay. The particulars may be summarised as follows:—Receipts: Entrance to park, £5967; bazaar, £12,134; amusements, £1321; flower show, £1083; music, £361; fancy dress ball, £400; sale of guinea tickets, £520; refreshments, £3243—making a total of £25,029. The expenditure was under £5000, and its largest items are in the erection of tents, a grand stand, and the flower show.

The assistance rendered by all Liverpool to promote the success of the fair was very great, and was most heartily acknowledged by the chairman of the committee at its final meeting. To mention only one department—that of refreshments: to this the contributions were simply enormous; columns of the daily papers were for many days before the bazaar filled with advertisements acknowledging them. An auction of the surplus stock was held last week, and included more than a thousand dozens of wine and spirits, most of them of the finest quality, besides casks of beer, kegs of butter, hams and cheeses innumerable. This auction alone realised £1500. The handsome presents to the various stalls of the bazaar is shown by the sum taken in this tent. There were twelve stalls, and upwards of £12,000 was taken at them.

The hospital for which all these successful efforts were made is not as yet open for the reception of patients. The reorganisation of several departments for the better working of so large an institution has been decided upon by the committee—amongst others, that of the nursing department. Until this latter is completed the transfer from the old to the new building will probably not take place.

June 19th, 1872.

THE VOLUNTEER MEDICAL SERVICE.

A MEETING of Volunteer Medical Officers was held at the Grosvenor Hotel on Thursday last under the presidency of Mr. H. Spencer Smith, to consider the obnoxious regulation recently issued by the War Office with reference to the auxiliary force. Among those present were Mr. Edward Cock, Mr. J. C. Burrows, Dr. Mayo, Dr. Carr, Dr. Squire, Mr. W. P. Hoare, Dr. Burke Ryan, Mr. Harry Leach, Dr. Tulloch, Dr. Wood, Mr. Richard Davey, &c. Dr. John Murray officiated as secretary. About forty officers were present, and the following resolutions were carried unanimously:—

1. Proposed by Mr. Cock, and seconded by Dr. Squire—"That any one diploma sufficient for registration under the Medical Act, 1858, should admit to the Board examination."

2. Proposed by Dr. Carr, and seconded by Mr. Hoare—"That it be respectfully suggested to the authorities that Clause 43 on medical attendance ought to be expunged."

3. Proposed by Dr. Tulloch, and seconded by Dr. Wood—"That this meeting respectfully protests against any order indicating that medical examinations should be retrospective."

4. Proposed by Mr. Cordy Burrows, and seconded by Dr. Matthew Barnes—"That a deputation to the Right Hon. the Secretary for War be appointed from this meeting, consisting of the Chairman, Brigade Surgeon C. Burrows, Surgeon Cock, Surgeon Carr, and any other member and members of Parliament willing to attend, and that Dr.

Murray, the Hon. Sec., be requested to advertise the date of attendance of the deputation."

A vote of thanks to the chairman concluded the proceedings, and most of the officers present promised to attend the deputation to Mr. Cardwell.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At the ordinary meeting of the Council on the 13th inst., a short account of which appeared in THE LANCET of last week, a certificate of the conviction of William Brett, admitted a member of the College in 1862, for stealing a book, and his sentence of two months' imprisonment with hard labour, was laid before the Council. Whereupon it was resolved—"That in the opinion of this Council the criminal offence by which William Brett has been convicted is of such a nature as to render him unfit to remain a member of the College, and that he accordingly be removed from being a member thereof, under Section 17 of the Bye-laws." A letter from Dr. Edwards Crisp, of Beaufort-street, Chelsea, was read, offering himself as a candidate for the office of professor. Mr. Holmes, Mr. Flower, Mr. Wilson, and Dr. Humphry were nominated for election in July to their respective offices of professors and lecturer for the ensuing year. Dr. Arthur Farre, Dr. Robert Barnes, and Dr. Priestley were nominated for election in July as examiners in midwifery for the ensuing year, and Dr. Peacock and Dr. Wilks were nominated for election in July as examiners in medicine for the ensuing year. The following members were elected Fellows of the College:—

Elwin, J. F., Weston-super-Mare.
Thorn, William, Bolton-gardens, Bayswater.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 13th inst.:—

Godfray, Amirouv, Jersey.
Savage, George Henry, Nent Head, Cumberland.
Welchman, Edward, Winchester.

As Assistants in Compounding and Dispensing Medicines:—

Oxley, Herbert Lister, Palermo, Sicily.
Stansby, John, Victoria-dock-road, E.
Young, John Rymer, Warrington.

COLLEGE OF PHYSICIANS, IRELAND. — At examinations held on June 11th, 12th, and 13th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE. — Charles Joseph Mahon, John Leonard O'Keefe, John Ryan, William Josiah Smyly, Frederick William Warren.
MIDWIFERY. — John Campbell Fullerton, Charles Joseph Mahon, John Leonard O'Keefe, John Ryan, William Josiah Smyly, Frederick William Warren.

THE foot and mouth disease is very prevalent in Norfolk amongst the cattle and sheep.

THE births registered in Ireland during the past year were 151,665, and the deaths 88,720, the latter being 1·64 per cent. of the population. The deaths from small-pox in the last quarter of the year were 441.

MR. GEORGE STEVENS, Medical Officer to the 6th District of the Sudbury Union, has received a gratuity of £5 from the Board of Guardians for services rendered during the small-pox epidemic at Stoke and Nayland.

THE twenty-first anniversary of the City Orthopædic Hospital, Hatton-garden, was held at the London Tavern on Wednesday evening, the Earl of Aberdeen in the chair. During the proceedings subscriptions amounting to £2000 were announced.

TESTIMONIALS. — A few of the inhabitants of Hornsey and the neighbourhood have lately presented B. Hands, Esq., F.R.C.S., who has retired from a practice of nearly fifty years' duration, having during that time been universally respected, with a silver salver and a purse of fifty guineas.—Mr. Patrick Kynock, Greenlaw, Berwickshire, was recently presented by his friends and patients with a handsome gold watch and chain and timepiece in black marble.—Dr. Mercer, the Medical Superintendent of the East Riding Asylum, was lately presented by the attendants and servants with a beautiful vase on the occasion of his marriage.

Medical Appointments.

BAILEY, Mr. G. H., Chloroformist to the Cancer Hospital, Brompton, has been appointed additional Administrator of Anæsthetics to the Dental Hospital of London.
BANKS, J. T., M.D., has been appointed Consulting Physician to the Masonic Female Orphan School, Dublin.
BARRIE J., M.D., has been appointed Medical Officer and Public Vaccinator for the Central District of annexation part of the Parish of Govan, Lanarkshire, vice Liddell.
BROWN, J. J., M.B., C.M., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.
BUCKLEY, S., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for Crumpsall, Blackley, and Harpurhey, and the Workhouse, Prestwich Union, Lancashire, vice J. Hutchinson, F.R.C.S.E., deceased.
FLEMING, W. J., M.B., L.F.P. & S. Glas., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.
FORREST, R. W., M.D., has been appointed Medical Officer and Public Vaccinator for the East District of annexation part of the Parish of Govan, vice Liddell.
GARRARD, W. A., L.S.A.L., has been appointed House-Surgeon to the Derbyshire General Infirmary, Derby.
HARDIE, J., M.D., has been appointed Medical Officer to the Workhouse Infirmary, New Bridge-street, Manchester, and to the Crumpsall Workhouse, vice G. Bowring, M.R.C.S.E., resigned.
LIDDELL, W. A., L.F.P. & S. Glas., has been appointed Medical Officer to the new Poorhouse, Merryflatts, Govan.
MAYNE, N., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Oughterard Dispensary District of the Oughterard Union, Co. Galway, vice F. E. Clarke, M.D., M.R.C.S.E., resigned.
MEREDITH, W. A., M.R.C.S.E., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.
MORISON, A., M.B., C.M., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.
MORRIS, H. L., L.R.C.S.Ed., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.
PERCIVAL, G. H., M.R.C.S.E., has been appointed Assistant Medical Officer to the Salop County Asylum.
RODMAN, R., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the West District of annexation part of the Parish of Govan, vice Liddell.
SHERRARD, D. J., M.B., has been appointed Medical Officer for the Etchingham district of the Ticehurst Union, Sussex, vice MacKeith, deceased.
SMITH, G. J. M., M.B., C.M., M.R.C.S.E., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.
SMITH, Mr. J. T., has been appointed Secretary and Treasurer to the Royal Maternity Hospital, Edinburgh, vice Thwaites, resigned.
SUTHERLAND, A., M.B., has been appointed Parochial Medical Officer for Rosskeen, Ross-shire, vice A. Taylor, M.B., resigned.
TAYLOR, H. O., L.R.C.P., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.
TILEY, W. G., M.R.C.S.E., has been appointed Resident Medical Officer to the London Fever Hospital, vice W. R. Cheyne, M.R.C.S.E., resigned.
VIGURS, C. R. C., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the St. Columb Major Union, Cornwall.
WILSON, J., Mem. Pharm. Soc., has been appointed Dispenser to the Derbyshire General Infirmary, Derby.

Births, Marriages, and Deaths.

BIRTHS.

GOOD.—On the 12th inst., at Wilton, Wilts, the wife of Joseph Good, L.R.C.P.Ed., of a daughter.
MAY.—On the 15th inst., at Pentonville-road, the wife of Edward H. May, M.R.C.S.E., of a son.
RAWSON.—On the 4th inst., at Low Moor, Bradford, Yorkshire, the wife of W. F. Rawson, L.R.C.P.Ed., M.R.C.S.E., of a son.
ROBERTS.—On the 14th inst., at The Elms, Coningsby, Lincolnshire, the wife of Thos. A. Roberts, M.R.C.S.E., of a daughter.
TEMPLE.—On the 14th inst., at the Royal Arsenal, Woolwich, the wife of Dr. William Temple (Victoria Cross), Staff Assistant-Surgeon Army, of a son.

MARRIAGES.

AIRY—LANGTON.—On the 5th inst., at St. John's, Keswick, Battersby Hubert Airy, M.D., to Susan Cecilia, daughter of S. Z. Langton, Esq.
STRONG—OWEN.—On the 1st inst., at All Saints, Upper Norwood, Henry John Strong, M.D., of North-end, Croydon, to Elizabeth Ann, widow of Henry James Owen, Esq.

DEATHS.

GOOLD.—On the 13th inst., at Southsea, of phthisis, Horatio Bate Goold, M.R.C.S.E., late of Brixton, youngest son of the late Capt. Hugh Goold, Royal Navy, aged 54.
JERDON.—On the 12th inst., at Upper Norwood, T. C. Jerdon, M.R.C.S.E., late Surgeon-Major Madras Service.
MAY.—On the 12th ult., at Kussowlie, East Indies, W. G. May, L.R.C.P.Ed., L.R.C.S.Ed., Assistant-Surgeon Bengal Medical Service.
PATERSON.—On the 5th inst., at Galston, Ayrshire, R. Paterson, M.D., late of Buchanan-street, Glasgow.
TAYLOR.—On the 15th inst., at St. Mary's Hospital, W. Taylor, M.R.C.S.E., of St. John-street-road.
VALLACK.—On the 8th inst., A. Vallack, M.R.C.S.E., of Wringford, Bame, near Plymouth, aged 59.
WRIGHT.—At Edinburgh, of consumption, G. A. W. Wright, M.D., Army Medical Staff, youngest son of the late James Wright, Esq., of Lawton, Perthshire, in his 31st year.

Notes, Short Comments, and Answers to Correspondents.

A HINT ABOUT FEEDING PATIENTS SUFFERING FROM WOUNDS OF THE THROAT.

AN article in the *Indian Medical Gazette*, by Mr. J. B. Scriven, Civil Surgeon, Lahore, on Wounds of the Throat, refers to what seems to be a new fact that came under his observation, which may supply a useful hint in future cases of a similar kind. A young woman was admitted into the Medical School Hospital at Lahore in December last in consequence of a wound of the throat. She had been struck by an assassin with a sickle. This penetrated between the hyoid bone and thyroid cartilage, causing a wound of about three inches and a half in length. The glottis was visible, and a catheter could be passed over it into the pharynx and down into the stomach. With the view of anticipating the occurrence of œdema of the glottis, Mr. Scriven, acting on a lesson gleaned from previous experience of such cases, had recourse to the apparently paradoxical measure—which under such circumstances may turn out to be very good surgery nevertheless—of cutting his patient's throat again; in other words, he performed tracheotomy, and inserted a tracheal tube, through which the woman respired. An elastic catheter was passed through the original wound into the pharynx, and the patient was ordered to be fed through it by means of a syringe. Happily, however, she discovered that this was unnecessary; for on dipping the open end of the elastic gum catheter into any liquid, it traversed the tube, and passed into the stomach. Whilst calmly breathing through the tracheal tube she used "in this way to drink a pint of soup in about ten minutes at first, but afterwards in about three minutes." This was a new physiological phenomenon to Mr. Scriven and his colleagues, the explanation of which he could not positively determine. It could not have been effected by any suction power of the mouth, as the catheter entered through the wound directly into the pharynx. We are not told whether the patient could influence the movement of the fluid through the tube or not. We can only surmise that it might have acted as a syphon; but we do not know whether the arrangement admitted of such having been the case.

A Constant Reader.—We believe the late decision to be founded on a misconception of the law. There has been no authoritative decision in the superior courts, which we hope will be appealed to.

E. D.—We would advise our correspondent to let the matter rest.

DR. DUPRÉ'S EXPERIMENTS ON ALCOHOL.

To the Editor of THE LANCET.

SIR,—For the honour of our profession, of which it has too often, and at times not untruly, I fear, been said that we foster intemperance by a somewhat too careless prescription of alcohol on a not altogether scientific basis, I wish to protest against a very illogical deduction drawn by Dr. Dupré from his late experiments on the action of alcohol; and as it would seem to be the clear duty of all physiologists who do not wish to see false conclusions on a subject of such importance used as a sword in the hands of the intemperate, to speak out at such a time, I wish also to elicit, if possible, the opinions of such of my more experienced brethren as have given thought to the matter upon the point I have challenged below as inconclusive.

What is there in these new experiments that in the slightest degree weakens the physiological evidence in favour of temperance in the matter of alcohol? To consider the main point raised by Dr. Dupré: "The amount of alcohol eliminated per day does not increase with the continuance of the alcohol; *therefore* it must be, somehow, destroyed in the system." If this statement be ultimately confirmed, then Lallemand will be proved to have erred as to fact in his French experiments; but the arguments for abstinence will just be as good as they are now or were before 1860 in their relation to science: that alcohol, by its decomposition in the system, diverts oxygen from its function and retards exhalation of carbonic acid, robbing the blood of its purifier, and leaving a more valuable fuel than itself unburnt, in fact, and *therefore* the circulation less warm, which is what the thermometrical evidence points to. But is Dr. Dupré's conclusion a logical one: If the alcohol eliminated per day does not increase, is it *necessarily* decomposed? I am not denying that some decomposition *may* take place; but neither the decrease nor the increase in the elimination, coincident with the continuance of the alcohol, seems of itself to be any proof of its decomposition. Is it not one of the peculiarities of alcohol to tarry an almost indefinite time in the system, storing itself, unburnt, in the brain and liver especially, and there accumulating, to remain, causing more and more retention of effete matter, as it produces a greater effect on the nervous system, arresting some waste possibly as all paralysers may be said to arrest it, its own accumulative action serving to lessen its own elimination as well as the excretion of effete matter? The action it undoubtedly has in staying exhalation and excretion of chlorides and urea should also extend to the elimination of itself by degrees; the system throwing off a small dose, not strong enough to render the nerves governing the eliminatory functions powerless, in great part, but only a small proportion of the larger dose by reason of the paralysing effect produced. The wonder to me would be if increase of elimination resulted from continuance of the drug.

As to the infinitesimal quantity of some undetermined "iodoform" compound which Dr. Dupré alleges is eliminated by the kidneys in health and by tectotalers even, and which has a similar reaction to tests as alcohol itself, the fact of such a substance being cast out, though formed in so minute a quantity, furnishes an argument against the use of alcohol; for why give the body additional work by taking that which nature at once gets rid of when it happens to be formed in the system amongst a multitude of other natural decompositions of vegetable organisms!

Yours truly,

Hartlepool, June 17th, 1872. F. ARNOLD LEES, L.R.C.P. Lond., &c.

THE MEDICAL REGISTER.

THE bulk of this useful compilation would be much reduced, and the apparent plethora of the numbers of the profession explained, if the names of all members who have died two, three, or even four years ago were erased from its columns. Opening it at random, we come across names whose owners have long ago paid the debt of nature, and whose obituaries have appeared in the pages of THE LANCET. What would be thought of an Army or Law List which included names recorded in the daily press as dead for years back? The trouble involved in keeping the Register square with the numbers of the profession is small indeed, and we respectfully submit to its compilers the old adage, *Verbum sap.*

Anti-Tobacco.—We believe that our observations were perfectly just, and the use of the word "selfish" was obviously correct when read with the context. The anti-tobacco crusade is carried on in a spirit of fanaticism.

MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—I have been deeply interested in the question as to which is the best mode of electing the Pensioners and Scholars to the Medical Benevolent College, and am glad to see the practical action that Mr. Dalton, of Bournemouth, has taken in the matter. My experience has, I have no doubt, been similar to his. Soon after one election I receive cards, on which are printed the names of several gentlemen who recommend the candidate for whom my vote and interest are requested at the next election; but of these I take no notice whatever, although I may see the names of such celebrities as the Earl of Greenland and the Archbishop of Mecca amongst the number. After a time a neatly written and sweetly scented note comes to hand, to which I reply in the politest manner that I never promise my vote until the list is issued by the College authorities, and this I regard as a final settlement of the matter. I find, however, that lovely woman is not to be so easily beaten when she has espoused the cause of the orphan, and I receive a visit from some of the fairest of Lancashire witches, who in the sweetest tones ask me to vote for Tom Jones, one of a family of ten children left destitute. Now, I could stand the first two modes of attack when the enemy was at a distance; but, being a bachelor and an Irishman, I am obliged to ground my arms and surrender at discretion when it comes to close quarters.

The suggestion I have to offer in consequence of the impossibility of resisting these solicitations is, that the list of names of Governors should not be published, and that the Secretary should not show it to anyone but the members of the Council, so that no extended canvass could take place, and each case would stand on its real merits, and the present scandals be avoided.

I remain, Sir, yours truly,

June 16th, 1872. A SUBSCRIBER.

OPEN COMPETITION.

FOR the appointment of inspector of nuisances to the Chelsea vestry there were the other day fifty-five candidates, including, it is reported, builders, soldiers, policemen, a prison-warder, a pawnbroker and jeweller, two ex-workhouse masters, a coffin-maker and undertaker, and—"a retired surgeon in Her Majesty's service." It has been suggested to us that the latter is a printer's error, which, if corrected, would substitute "sergeant" for "surgeon"; but we are by no means sanguine that this solution of the matter is the right one.

Mr. T. Robinson.—We cannot undertake to return manuscripts. This decision does not necessarily imply a rejection of the paper in question.

TREATMENT OF SMALL-POX BY VACCINATION.

To the Editor of THE LANCET.

SIR,—It has been my practice for the last twenty years to vaccinate *freely* so soon as I knew, or had reason to suspect, a patient was about to have small-pox. Many times I have enjoyed the pleasure of witnessing a race between vaccinia and variola, and *vice versâ*; as a natural consequence, the one which had a (long) start taking the lead. Thus, if I vaccinated when the eruption of variola really presented, the latter proved to be too quick for the vaccinia; but again, if the vaccinia got the start, and was actually incubating *before* variola began to develop, then vaccinia won the race, the result being but a very feeble, if any, development of pustules, the pustular stage being cut short. When variola got the upper hand, vaccinia went on in a modified and imperfect form, generally disappearing about the third day; but I do not remember one instance in which death occurred after even modified vaccinia had taken place.

In conclusion, I would remark that I have never seen a single bad consequence as the result of vaccinia at the periods above mentioned.

Yours obediently,

Bow-road, June 15th, 1872. S. LAWRENCE GILL.

To the Editor of THE LANCET.

SIR,—I beg to send you the following notes (without comment) for insertion in your journal.

Alfred B——, aged twenty-seven years, was sent to hospital ill of small-pox on March 14th, 1872. He died there.

Alice E. B——, his baby, aged six months, was vaccinated on March 19th; took freely, and had four fine vesicles, two on each arm. About the twelfth day she took small-pox (confluent), and died on April 9th.

There were other cases in the house about the above dates.

Clapham-park-road, June 10th, 1872. J. MACDONOGH.

TITLES AT PORTSMOUTH.

The Father of a Large Family at Portsmouth seems aggrieved by the discrepancy between the number of medical degrees in Portsmouth and the instances in which medical practitioners use the title of "Dr." Provided none of his sons are contributing to this inconsistency, we do not see why fatherly or family considerations should be imported into the question.

Mr. E. Sissy.—The use of the initials would be quite legitimate, and perhaps in better taste than the other way of putting the qualification. Moreover, they indicate the source of the honours.

BIRMINGHAM HOSPITAL FOR WOMEN.

OUR readers may have noticed an advertisement in THE LANCET for a resident medical officer and secretary for the above hospital. The diploma or degree may come from almost anywhere. It looks as if the promoters designed to have a lady house-surgeon. Only such a design could explain such looseness as to the qualifications required. The medical staff ought to demand that the officer appointed be registered. After late accounts of the sources of many foreign diplomas, it would be unjust to patients to be satisfied with anything not registerable.

Medicus.—The use of such dyes has occasionally been found to be prejudicial to health. We saw an account recently in an American journal of two girls having been affected with a paralytic lesion attributable to the use of cosmetics.

R. T. H., (Hounslow.)—It is not our practice to do so. Our correspondent can consult any respectable practitioner.

PESHAWUR.

To the Editor of THE LANCET.

SIR,—Permit me to offer a few observations on the question of the cause of the unhealthiness of Peshawur. It is quite certain that the cause is not to be found in dampness of the subsoil, because the subsoil is dry in every part of the station. In no part of it is water to be found at a less depth than thirty feet from the surface. In the west or Khyber end it is over 100 feet from the surface. In the east end and near the fort, water is within ten feet of the surface; but that locality is about two miles from the barracks. The soil and subsoil are naturally so dry that there is an entire absence of vegetation, except in the spots provided with artificial irrigation. The cantonment is very extensive; it covers an area of about three square miles. This large tract is entirely under the control of the military authorities, who have for some years been careful to limit irrigation to the extent necessary for the growth of vegetables, grass, and trees. The ground adjoining the cantonment is irrigated to the extent necessary for the growth of wheat, barley, millet, sugar-cane, and such like crops. Rice cultivation is not permitted within a mile of the cantonment boundary. I am not aware of any good evidence to show that irrigation carried to the extent practised at Peshawur is injurious to health. The sewage farms that I have seen in this country are quite as much irrigated as Peshawur, and yet the men working upon them exhibit no signs of malaria poisoning; they are as fine specimens of English workmen as are to be seen anywhere, and their children I was informed enjoy excellent health. We should be very cautious in accepting the opinion that irrigation is the cause of the unhealthiness of Peshawur, because the disuse of irrigation would at once, in a single year, render the place a dreary desert, without a green thing visible anywhere. The soil and subsoil are so dry, and the rainfall so small, that without irrigation vegetation could not exist. The marshes referred to by Dr. Munro in the extract given in your article on Peshawur in THE LANCET of the 15th June were long supposed to be the cause of the unhealthiness of the place: but they were drained some years ago, without, however, reducing the sickness in the cantonment. The station was never so unhealthy as it has been within the last five years. The marshes were situated some three miles from the station—a distance sufficiently great to neutralise the danger of malaria being carried from them to the cantonment.

These are facts which show, I think, decisively that the topographical position of Peshawur, as defined by Dr. MUNRO, and the thermometrical variations of its climate, are not the causes of the fever epidemics for which the place is notorious; for, notwithstanding the configuration of the valley, shut in, as Dr. Munro describes, by lofty mountains, and notwithstanding the thermometrical variations of the climate, there are some portions of the valley quite as healthy as any part of the plains of India; and some of the finest specimens of men to be found in India—fine, deep-chested, strong-limbed men—are to be found in the Peshawur valley. I doubt whether, taken all in all, there is a finer population to be seen anywhere than in the eastern portion of the valley, which is the narrowest and most confined part. The western portion is forty-five miles wide. It is impossible, in inspecting the convicts in the Punjab gaols, not to be struck by the superior physical development of the Peshawurees. Surely this fact is quite irreconcilable with the notion of the valley being the radically unhealthy place it has been represented. As to thermometrical variations being the cause of the fever epidemics, the suggestion will not bear examination for a moment. Some of the healthiest stations in India have an extraordinarily high range of temperature. For example, Rawalpindi in May and October has a mean daily range of temperature which varies between 30° and 42° F.; and at the central gaol, Lahore, also a very healthy place, the mean daily range of the whole year varies between 25° and 38° F.; the healthiest months being those with the greatest daily range. As the accurate record of meteorological observations becomes general, it will, I think, be shown with the clearness of demonstration that variableness of temperature has little or nothing to do with the production of the fevers called malarious.

For my part, I agree with Dr. Morton that the main, if not the only, cause of these fevers is the filthy state of the water-supply. It is strange that this cause of sickness hardly attracted attention at all until Dr. Morton brought it to notice. The configuration of the valley, the marshes, the practice of emigration, and the variableness of the temperature were remarked on in almost every report; but the state of the water-supply was barely mentioned. But just as the unhealthiness of Millbank Prison, which was for many years believed to be "inseparably connected with locality," was effectually removed by the disuse of sewage-tainted water, I see no reason, after several careful examinations, to doubt that, with a pure water-supply, Peshawur would be one of the healthiest stations in the plains of India, and there are few places that have so great facilities for obtaining such a supply.

I am, Sir, your obedient servant,
A. C. C. DE RENZY, Surgeon-Major.

Sydney-place, South Kensington, June 10th, 1872.

*** It is to be understood that the influence of impure water in the spread of cholera or in the production of typhoid fever or diarrhœa has no relation to the subject on which our remarks were made—viz., that form of fever endemic to the station, and so well known as "Peshawur fever."—ED. L.

THE TITLE OF "DOCTOR."

WE felt in reading the evidence of Mr. Henry Chandler, who is a member of the College of Surgeons, in the case of "Dr." John Hamilton, that Mr. Chandler's views of the use of the title "doctor" were peculiar. He admitted using the title. He very naturally, on looking over *The Times* report of the trial, thought that some readers might have supposed him to have confessed to the use of the title M.D., and he straightway wrote to *The Times* to explain that he used the title of "doctor" on what we may call Dictionary principles—viz., on the ground that in the Dictionary the word is defined as "one who undertakes the cure of disease." We cannot admire this explanation. No medical man should use a learned title in any merely vulgar sense, and shelter himself under such a use of the word, or use the title of "doctor" who is not prepared to answer the question, Doctor of what?

Non-Medicus.—We would recommend our correspondent to consult some respectable medical man. It is in all probability nothing to be alarmed about.

MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—As publicity to unprofessional conduct appears to me to be the only hope of checking the same, may I ask you to publish the following, which occurred to me only to-day; and as the return of my letter is the only answer I obtain when appealing to Mr. Moses Taylor for justification of his conduct, I am at last induced to bring the same before the profession.

On the 12th instant I was called to see a child of poor but respectable parents, aged sixteen months, suffering from suppressed measles, and which upon subsiding was followed by an attack of bronchitis. The little patient progressed satisfactorily until last evening, when, the symptoms being more urgent, the parents summoned me. I attended and prescribed accordingly. Upon calling this morning I found that Mr. Moses Taylor had been sent for; that his assistant had visited the child, and, although he was informed that I was in attendance, took charge of the case without any communication with me, acting, I presume, under the direction of his principal. Of course I declined further attendance, and withdrew. If Mr. Taylor can in any way justify his conduct in such cases, I trust he will do so.

Cannock, Stafford, June 19th, 1872. J. CAMPBELL MACAULAY.

Mr. W. G. Fox.—In such a case as that alluded to by our correspondent the tendon is very apt to become permanently contracted after a time, and when such is the case it requires division. The operation is simple enough, and likely to prove efficacious. On this point, however, our correspondent had better consult his medical attendant. As regards the character of boot to be worn, he should be careful to select one broad enough in the sole and long in the foot, with a tightly fitting heel. Mr. Dowie, of the Strand, could probably supply him with one of a suitable kind.

AN INSECT VACCINATOR.

To the Editor of THE LANCET.

SIR,—While vaccinating a short time since during the illness of the principal, a woman brought her child to be inspected. She said the arm had "taken beautifully," alluding to a well-marked vesicle a little below the elbow. Being anxious to know who had selected this novel place for the insertion of lymph, I questioned her, and was much surprised at the answer given. She said the child had never been vaccinated, but slept on one occasion with another child who had. A mark resembling a flea-bite was seen on the morning following, which gradually underwent all the phases of the vesicle resulting from vaccination.

There can be no doubt, I think, that a flea was vaccinator in this case, the puncture caused by this obnoxious little animal coming in contact with the lymph effused from the arm of the vaccinated child. I am the more convinced of this as I again vaccinated, but without any success.

Your obedient servant,
June, 1872. J. F. BURNS.

Thos. W. will find the subject of sick-headache, "migraine," fully treated o in the article "Neuralgia" in Reynolds's System of Medicine; also in Dr. Anstie's treatise on Neuralgia (Macmillan, 1871).

Mr. James W. Slater, (Manchester.)—There is some difference of opinion in regard to its infectious character. Many excellent authorities consider it to be so, but in a very inferior degree to typhus or scarlatina for example.

THE NAUSEOUS TASTE OF MEDICINES.

To the Editor of THE LANCET.

SIR,—In answer to the inquiry of Dr. William Dale in your number of the 8th inst., we beg to refer him to the "Médecine Dosimetrique," just coming into use in Paris, Brussels, and elsewhere on the Continent, as a useful means of taking medicines in a less nauseous, if not altogether tasteless, manner.

Yours respectfully,
Newgate-street, London, June 18th, 1872. F. NEWBERY AND SONS.

LINCOLN MANCHESTER UNITY ODD FELLOWS MEDICAL INSTITUTE.

WE are requested to state that Dr. O'Neill has resigned as consulting physician, and Mr. E. Groves as medical officer, the latter being a candidate for another appointment.

Country Practitioner.—The plates issued by the Sydenham Society, or those contained in Mr. Erasmus Wilson's work, are the most available for our correspondent's purpose.

STATISTICS OF SMALL-POX AND VACCINATION.

To the Editor of THE LANCET.

SIR,—The statistics (Table II.) on page 687 of THE LANCET for May 18th, 1872, are not easily understood, even with the aid of the pencil. The columns headed "Attacks per cent." I cannot make out. Will the gentleman who prepared them explain the meaning of them, and oblige others besides myself.

Yours respectfully,
Boston, U.S.A., May 31st, 1872. CHAS. E. BUCKINGHAM.

A LUSUS NATURÆ.

M. SAINT HILAIRE'S great work on Teratology contains no record more remarkable than the following:—A tradesman's wife in Newport the other day gave birth to a child—sex not specified—with two heads, one at each extremity of the trunk, the shoulders and arms being in their normal position *quoad* the heads. From one side of the trunk projected two legs, and from the other side one leg only. The whole body, limbs included, was well-nourished and fully developed. But the most remarkable circumstance about the phenomena is this: One portion of the body lived thirty hours after birth; while the other, after "dying" within five hours, became reanimated, and finally went off in convulsions.

WE regret that, owing to the extreme pressure on our space, *Dr. Rumsey's* letter cannot appear until next week.

FOREIGN GRADUATES AND THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—Do the foreign graduates in England mean tamely to submit to the stigma cast upon them by the publishers of the Medical Directory? Many of the foreign graduates are men of high talent, engaged in active practice, and it seems absurd in the extreme that this publishing firm should elect themselves judges as to what degrees shall be admitted into the Directory. Many a foreign graduate would be most willing to undergo an examination at a British University; but the doors of all are closed to them, and for this reason: How can a man leave his family and practice (in very many cases his sole source of income), in order to spend the time, to say nothing of the expense, necessary for graduation at one of our Universities? Surely if a man who has passed an examination at a foreign University is excluded from the Directory, those who took the St. Andrews degree without residence ought to receive similar treatment. Is a man who for years, it may be, has signed M.D. after his name, to use it no longer, and inform his patients that a publishing firm in London has decreed that his degree is not worth inserting in the Directory, although they have inserted it for many years past? The fact is, the publishers of the Medical Directory have too long had a monopoly; and if they are too puffed up with the idea of their own power to hear reason, let the foreign graduates take the matter into their own hands, and start another Directory. I have no doubt that one of our publishing firms could be induced to undertake the matter. The present Directory is a very voluminous work. I should propose that the new Directory should be termed "The English Medical Directory," and contain the names, titles, and addresses of the legally qualified practitioners of England only, without any other matter, as this would be all that is really needed in a Directory. By this arrangement I believe it might be published at half the price of the present one, and this fact alone will secure many purchasers. If a Company were started, I feel sure a useful work, as well as a profitable one to the shareholders, would be the result.

I hope that I have now ventilated the subject, and that it will not be allowed to drop. I am, Sir, yours, &c.,

June, 1872. FAIR PLAY.

Mr. Samuel Smith, (Guiting.)—We have received from this gentleman a letter and a copy of the *Evesham Journal*, containing the report of an action against himself for mal-treatment of a dislocated ankle with fracture of the fibula, resulting in a verdict for the plaintiff for £50. The medical evidence seems to have been against Mr. Smith's treatment; and though, as he remarks in his letter, "it is a hard case for a person to be put to the expense of about £70 for attending a person and doing the best he could," still we should advise him to let the matter rest, unless indeed his personal friends are prepared to assist him in carrying out the determination of which he informs us in the following laconic terms—"I intend to have a subscription."

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—My attention has been directed to a letter which recently appeared in your columns, signed "Primus in India," and in which the writer, who is a young assistant-surgeon in medical charge of a native regiment, apprehends "professional extinction" through the simplicity of the cases under his immediate charge.

I have been nearly twenty years in medical charge of native regiments, and, with the exception of a very few months, I have generally had to perform, in addition to my regimental duties, the duties of civil surgeon, sanitary officer, superintendent of gaol, dispensary, and of vaccination; or, in other words, the entire medical duties of a district larger than an English county. In one regiment I had upwards of 500 men down with malarial fever at the same time, and which was followed by an outbreak of cholera both amongst the military and civilians of the station. As this was, perhaps, considered not enough to tax the abilities of one medical officer, I had generally to make about eight post-mortem examinations every morning, and can assure you the medical evidence required thereon in the police and magistrate's courts was not the least troublesome portion of my civil duties. Now, if this amount of work in a hot and trying climate, where epidemics are prevalent, is not quite sufficient for "Primus in India," let him "cut" India, and try *professional existence* at home, and he will then discover, perhaps, the efficacy of the modern treatment of disease which he appears panting to practise, and the high rate of remuneration which it invariably commands in Europe. Your obedient servant,

London, June 12th, 1872. A MADRAS ARMY SURGEON.

Mr. Isidor J. Lyons (Finsbury-place) is thanked for his communication. We believe we are correct in saying that apoplexy is not an uncommon cause of death in birds.

THE CONVERSAZIONES AT THE ROYAL COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—The College of Physicians have issued invitations for a *conversazione* on the 29th inst. Can you tell me why they never invite their licentiates to these gatherings? Yours truly,

June, 1872. A POOR CARD.

SMALL-POX AT CORK.

WE have great pleasure in noticing the unsectarian benevolence shown in Cork in the practical form of subscriptions for the sufferers from small-pox. A most admirable letter, too, appears in the *Cork Constitution* from "John Arnott and Co.," giving two very striking illustrations of the folly of not using vaccination and revaccination freely in times like these. The letter should be published in leaflet form, and spread broadcast over Cork and other cities also.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Dr. Archibald Simpson is ingenious; but I should like to know how he can explain away the following facts.

Firstly. I attended the child for four days before I was asked to meet Dr. Simpson. Therefore his argument that I was only called in on an emergency will not hold good.

Secondly. I was asked by the mother if I had any objection *to meet* Dr. Simpson *in consultation*, at the same time expressing no wish for me to give place to him.

Having thus far stated the facts of the case, I leave the matter in the hands of the medical profession, feeling sure that, from the kind letters I have received, I have at least the sympathy and good wishes of some.

Your obedient servant,

Stroud-green-road, June 15th, 1872. H. AUBREY HUSBAND.

Epileptieus should make an application to the authorities of the National Hospital for Epilepsy, Queen-square.

An Indian Student.—The questions cannot be answered absolutely. There are endless variations according to constitution and other influences.

REMUNERATION OF ASSISTANTS.

To the Editor of THE LANCET.

SIR,—At a moment when our national prosperity is so great, and everything is in a flourishing condition, it may not be out of place to ask why the salaries of qualified assistants have not risen, and whether some means could not be adopted to induce medical men in practice to increase the salaries? Considering how much dearer everything is, the standard income of £120 a year (out-door) is, I think, much too low; and it is very unjust and very hard that, because medical men choose to accept Clubs and Unions at an almost unremunerative rate, the qualified assistant should have to make them pay by very hard work and very low salary. A discussion on this subject in your columns would, I think, be very beneficial.

I remain, Sir, yours faithfully,

June, 1872. R. H. L.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. Braxton Hicks; Prof. Maclean, Netley; Mr. Streatfeild; Dr. Hilton Fagge; Mr. Soelberg Wells; Major Goold; Dr. Sutherland; Mr. Harland, Skipton; Mr. Siang; Dr. Tullock, Lock Carron; Dr. Groves, Lincoln; Dr. Wells, Gillingham; Mr. P. A. Lees; Dr. Stevens, Nayland; Mr. Roberts, Comingsby; Mr. Scriven, Lahore; Mr. S. Smith; Mr. Burns; Dr. Wallerstein, Munich; Mr. Philip, Gloucester; Dr. Gill; Mr. Corbould, Calcutta; Mr. Stevens; Mr. Ravenswood; Dr. Tidy; Mr. Pater, Sheffield; Dr. De Renzy; Mr. Fox; Dr. Husband; Dr. Brandt, Paris; Mr. Evans, Radstock; Mr. Mitchell; Mr. Buckingham, Boston, U.S.; Mr. R. Marley, Bromyard; Mr. Walker; Mr. Teesdale; Mr. R. Wood; Mr. J. Marsden; Mr. Hughes, Crickhowell; Mr. Blake; Mr. Stanley, Durham; Dr. Jones, Llangrannog; Mr. Williams, Burnley; Mr. Douglas; Mr. Stephenson, Richmond; Mr. Hall, Edinburgh; Mr. Todd; Dr. Phillips; Mr. Barnes; Dr. Grieve, Hampstead; Dr. Lyons; Mr. Procter; Mr. Whitehead, Manchester; Dr. Woodward, Worcester; Mr. R. Horfield; Mr. Garner, Stoke; Mr. Dempsey; Mr. Denyer, Upnor; Mr. Walter, Coldstream; Mr. Evans, Llangollen; Mr. Brock, Peterborough; Messrs. F. Newbery and Sons; Mr. Boyd, Colchester; Dr. Bodington, Sutton Coldfield; Mr. Forman; Mr. Tennant, Fence Houses; Mr. Roe, Folkestone; Mr. Colville, Chippenham; Dr. Webb, Wirksworth; Mr. Hubbard, Pittsburgh; Mr. Hawkins, York; Mr. Gardiner, Hammersmith; Dr. Weaver, Longton; Mr. Jones, Worksop; Dr. Stainthorpe, Hexham; Mr. Clay, Gateshead; Dr. Willing, East Wakering; Messrs. Arnold and Sons; Dr. Hewitson; Dr. O'Connor; Dr. Cheadle; Mr. Bailey; Dr. Macciver; Mr. Clifton; Dr. Rawson, Bradford; Dr. Mocatta, Berlin; Mr. Moon; Mr. Hughes, Bala; Dr. Robinson; Dr. Lister; Mr. Longford, Hampton; Mr. Petter, Dublin; Mr. Bishop, Callington; Mr. Fullarton, Chichester; Mr. Hillman, Frome; Mr. Boden; Mr. Waterer, Binfield; Mr. H. Smith, Devonport; Mr. E. Jones; Mr. Lewis, Ipswich; Mr. Macaulay, Cannock; Mr. Eaton; Mr. Browning; Mr. Ward; Dr. Kloman, Baltimore, U.S.; Mr. Parkinson; Mr. E. Morton, Reading; Mr. Jones, Long Melford; Mr. Cumming, Philadelphia; The Secretary of the University of Edinburgh; A Post Card; Non-Medicus; J. A.; R. H. L.; An Indian Student; The Council of the Society of Arts; Epileptieus; Medicus; One who had that pleasure; A Subscriber; Mercator; R. T. H.; The Principal of King's College; J. W. S.; M.D.; Nemo; &c. &c.

Philadelphia Medical Times, Londonderry Journal, Huddersfield Chronicle, Journal de Médecine, Dublin Evening Mail, Spalding Free Press, Melbourne Argus, The Times, Devizes Advertiser, and *Penrith Advertiser* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.